

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG 22 AM 10:45

DOCUMENT # N26811

1. Corporation Name

NAPM - TAMPA BAY, INC.

Principal Place of Business

1918 REDBRIDGE DR.
BRANDON FL 33511
US

Mailing Address

PO BOX 2324
BRANDON FL 33509-2324
US



05-17-99 90013 042 \$61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/07/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1838116	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8	
Country		Country		9	
25		30		10	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MORBACH, HENRY R 1918 REDBRIDGE DR. BRANDON FL 33511				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
D OPPERMAN, KARL T 9234 90TH ST N SEMINOLE FL		PO Cuthbert, ROBC 3315 46th PLAZA EAST BRADENTON FL 34203-3963	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
D MORBACH, HENRY 1918 REDBRIDGE DR. BRANDON FL		D LADD, LISA 600 N. WESTSHORE BLVD TAMPA, FL 33609	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
D CASS, M. E 3311 N. SAN MIGUEL TAMPA FL		D GLOTT, RAYMOND 120 W HYDE PARK PLACE TAMPA, FL 33606	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
D CRADDOCK, TEDDI 680 W DRIVE, M.L. KING BLVD PLANT CITY FL		D GLOTT, RAYMOND 120 W HYDE PARK PLACE TAMPA, FL 33606	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
D GLOTT, RAYMOND 120 W HYDE PARK PLACE TAMPA FL		D GLOTT, RAYMOND 120 W HYDE PARK PLACE TAMPA, FL 33606	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/99 (813) 282-6382

Date

Daytime Phone #

CR2E037 (5/99)