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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32313 (1)
 1. Corporation Name
THE NATIONAL ASSOCIATION OF PAPERSTOCK WOMEN, IN C.



Principal Place of Business 3300 PGA BLVD 635 PALM BEACH GARDENS FL 33410 US	Mailing Address 3300 PGA BLVD 635 PALM BEACH GARDENS FL 33410 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 05/15/1989
4. FEI Number 65-0131974
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
 BYRD, BARRY B.
 4400 PGA BLVD.
 SUITE 900
 PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

I, the undersigned, in accordance with 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KREVER, NINI	
STREET ADDRESS	3300 PGA BLVD., STE. 635	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KANE, BETH	
STREET ADDRESS	3300 PGA BLVD., STE. 635	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NUNNELEE, JEAN	
STREET ADDRESS	3300 PGA BLVD., STE. 635	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LORD, DIANE	
STREET ADDRESS	3300 PGA BLVD, STE 635	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANT, NANCY	
STREET ADDRESS	3300 PGA BLVD., STE. 635	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOCH, NEALA	
STREET ADDRESS	3300 PGA BLVD STE 635	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	Trish Mancuso
2.4 CITY-ST-ZIP	3300 PGA BLVD STE 635 PALM BEACH GARDENS, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P
3.3 STREET ADDRESS	HOCH, NEALA
3.4 CITY-ST-ZIP	3300 PGA BLVD STE 635 PALM BEACH GARDENS, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S
6.3 STREET ADDRESS	HODGE, YVETTE
6.4 CITY-ST-ZIP	3300 PGA BLVD STE 635 PALM BEACH GARDENS, FL

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.

SIGNATURE: Diane M Lord Diane Lord 3-23-98 206-363-2200

CP2E037 (10/97)