


FILE NOW: FILING FEE IS \$61.25

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90050 035 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N32313					
1. Corporation Name THE NATIONAL ASSOCIATION OF PAPERSTOCK WOMEN, INC.					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/15/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		65-0131974	
24		29		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BYRD, BARRY B. 4400 PGA BLVD. SUITE 900 PALM BEACH GARDENS FL 33410				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	KREVER, NINI		1.1 TITLE			
NAME		3300 PGA BLVD., STE. 635		1.2 NAME			
STREET ADDRESS		PALM BEACH GARDENS FL		1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	VP	MANCUSO, TRISH		2.1 TITLE			
NAME		3300 PGA BLVD SUITE 635		2.2 NAME			
STREET ADDRESS		PALM BEACH GARDENS FL		2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	P	HOCH, NEALA		3.1 TITLE			
NAME		3300 PGA BLVD SUITE 635		3.2 NAME			
STREET ADDRESS		PALM BEACH GARDENS FL		3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	T	LORD, DIANE		4.1 TITLE			
NAME		3300 PGA BLVD, STE 635		4.2 NAME			
STREET ADDRESS		PALM BEACH GARDENS FL		4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	D	GRANT, NANCY		5.1 TITLE			
NAME		3300 PGA BLVD., STE. 635		5.2 NAME			
STREET ADDRESS		PALM BEACH GARDENS FL		5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	S	HODGE, YVETTE		6.1 TITLE			
NAME		3300 PGA BLVD SUITE 635		6.2 NAME			
STREET ADDRESS		PALM BEACH GARDENS FL		6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 Required M. Lord

3-16-99

206-363-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (11/98)