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**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90106 001 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F98000000626**

1. Corporation Name  
**NORTH-AMERICAN ASSOCIATION OF TELECOMMUNICATIONS  
 DEALERS, INC.**

Principal Place of Business      Mailing Address  
**1045 EAST ATLANTIC AVE., STE 206**      **1045 EAST ATLANTIC AVE., STE 206**  
**DELRAY BEACH FL 33483**                      **DELRAY BEACH FL 33483**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/03/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired	
23		28		X \$8.75 Additional Fee Required	
Zip      Country		Zip      Country		6. Election Campaign Financing Trust Fund Contribution	
24		29		30	
				□ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MARION, JOSEPH</b> <b>1045 EAST ATLANTIC AVE., STE 206</b> <b>DELRAY BEACH FL 33483</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <del>DELETE</del>	1.1 TITLE	UP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAU, DAVID	1.2 NAME	Rick Day
STREET ADDRESS	28 CALVERT STREET	1.3 STREET ADDRESS	3744 Pacific Center Blvd. #311
CITY-ST-ZIP	HARRISON NY	1.4 CITY-ST-ZIP	San Diego, CA
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIDHOLDT, STEVE	2.2 NAME	Steve Leidholdt
STREET ADDRESS	2030 ALTON COURT	2.3 STREET ADDRESS	2030 Alton Court
CITY-ST-ZIP	ST LOUIS MO	2.4 CITY-ST-ZIP	St. Louis, MO
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, ANN M	3.2 NAME	Ann Murphy
STREET ADDRESS	54 WEST DANE ST	3.3 STREET ADDRESS	54 W. Dane St.
CITY-ST-ZIP	BEVERLY MA	3.4 CITY-ST-ZIP	Beverly, MA
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROTHERS, SCOTT	4.2 NAME	Scott Carrothers
STREET ADDRESS	2346 WYECRAFT RD	4.3 STREET ADDRESS	2346 Wycraft Rd
CITY-ST-ZIP	OAKVILLE ONTARIO CANADA	4.4 CITY-ST-ZIP	Oakville, Ontario, CANADA
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARION, JOSEPH	5.2 NAME	Steve Smith
STREET ADDRESS	1045 E ATLANTIC AVE., STE 206	5.3 STREET ADDRESS	869 Pickens Ind. DR. #3
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	Marietta, GA
TITLE	D <del>DELETE</del>	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONN, JOHN	6.2 NAME	Joseph Elichaa
STREET ADDRESS	33 LAIRD DRIVE	6.3 STREET ADDRESS	24 Evergreen DR.
CITY-ST-ZIP	TORONTO CANADA	6.4 CITY-ST-ZIP	Portland, ME

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: \_\_\_\_\_ **REQUIRED** \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

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