

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:39

DOCUMENT # J81566 (8)

1. Corporation Name

NORTH AMERICAN MODULAR SYSTEMS, INC.

Principal Place of Business

2185 N. POWERLINE ROAD
SUITE 4A - NW
POMPANO BEACH FL 33069
US

Mailing Address

2185 N POWERLINE ROAD
SUITE 4A-NW
POMPANO BEACH FL 33069
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/30/1987 3a. Date of Last Report 04/27/1994

4. FEI Number 65-0005353 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 260 SW 12 AVE

Suite, Apt. #, etc.

22

City & State

23 DEERFIELD BEACH FL

Zip

24 33442

Country

25 BROWARD

2a. Mailing Address

26 260 SW 12 AVE

Suite, Apt. #, etc.

27

City & State

28 DEERFIELD BEACH FL

Zip

29 33442

Country

30 BROWARD

9. Name and Address of Current Registered Agent

FISKE, BARRY
10855 AVENIDA SANTA ANA
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE P
NAME FISKE, BARRY
STREET ADDRESS 10855 AVENIDA SANTA ANA
CITY - ST - ZIP BOCA RATON FL

TITLE TS
NAME FISKE, SCOTT
STREET ADDRESS 10855 AVENIDA SANTA ANA
CITY - ST - ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BARRY FISKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL INFORMATION

4/1/95 305-426-8222

Date (Type or Print Name)