

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K02818
1. Corporation Name
NORTH AMERICAN REALTY ACQUISITIONS, INC.

Principal Place of Business Mailing Address
**2401 PGA Blvd., Suite 168
Palm Beach Gardens, FL 33410**

3. Date Incorporated or Qualified 3a. Date of Last Report
11/17/87 **2/29/96**

2. Principal Place of Business	2a. Mailing Address
21 2401 PGA Blvd.	26 Suite 280
22 Suite 280	27 Suite 280
23 Palm Beach Gardens, FL	28 Palm Beach
24 33410	29 Palm Beach

4. FEI Number 98-0124643	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DAVID J. WIENER, ESQUIRE
LEVY, KNEEN, MARIANI, CURTIN,
WIENER, KORNFELD & DEL RUSSO, P.A.
1400 Centrepark Blvd., Suite 1000
West Palm Beach, FL 33401**

10. Name and Address of New Registered Agent

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

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]* DATE **4-10-97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	PRESTON, JOHN W.S.	
STREET ADDRESS	2851 John Street, Suite One	
CITY-ST-ZIP	Markham, Ontario, Canada L3R 5R7	
TITLE	VTD	<input type="checkbox"/>
NAME	COHEN, PETER	
STREET ADDRESS	2851 John Street, Suite One	
CITY-ST-ZIP	Markham, Ontario, Canada L3R 5R7	
TITLE	VSD	<input type="checkbox"/>
NAME	GREEN, ROBERT S.	
STREET ADDRESS	2851 John Street, Suite One	
CITY-ST-ZIP	Markham, Ontario, Canada L3R 5R7	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	2401 PGA Blvd., Suite 280		
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	800002177148		
6.3 STREET ADDRESS	-05/13/97--01091--013		
6.4 CITY-ST-ZIP	***165.00		

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Robert S. Green** **April 15, 1997** **(905) 477-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)