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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90124 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000009611

1. Corporation Name
NORTH AMERICAN EQUITIES, INC.

Principal Place of Business: 2401 PGA BLVD SUITE 280 PALM BEACH GARDENS FL 33410
 Mailing Address: 2401 PGA BLVD SUITE 280 PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/29/1996**

4. FEI Number: **65-0845080** Applied For: Yes 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc. 22
 23 City & State
 24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc. 27
 28 City & State
 29 Zip 30 Country

9. Name and Address of Current Registered Agent
WIENER, DAVID J
1400 CENTREPARK BLVD
SUITE 1400
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): **2401 PGA Boulevard**
 83 Suite 280
 84 City: **Palm Beach Gardens** 85 Zip Code: **FL 33410**

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: *David J. Wiener* DATE: **2-12-99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	PRESTON, JOHN W
STREET ADDRESS	2401 PGA BLVD SUITE 168
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	D <input type="checkbox"/> DELETE
NAME	GREEN, ROBERT S
STREET ADDRESS	2851 JOHN ST SUITE ONE
CITY-ST-ZIP	MARKHAM ONTARIO CANADA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, 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: *John W. Preston* SIGNATURE REQUIRED DATE: **2-12-99** DAYTIME PHONE #: **561-624-9500**

CR2E034 (11/98)