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

0359347

[redacted] PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 FEB 16 PM 4:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F86153**

1. Corporation Name
NORTH AMERICAN SYSTEMS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
127 KINGS RD. PALM BEACH FL 33480 US	127 KINGS RD. PALM BEACH FL 33480 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
06/22/1982

4. FEI Number
59-2199281
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required before filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	11 TITLE
NAME	MCNAMARA, JAMES J		12 NAME
STREET ADDRESS	127 KINGS ROAD		13 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH FL 33480		14 CITY-ST-ZIP
TITLE		[ ] DELETE	21 TITLE
NAME			22 NAME
STREET ADDRESS			23 STREET ADDRESS
CITY-ST-ZIP			24 CITY-ST-ZIP
TITLE		[ ] DELETE	31 TITLE
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		[ ] DELETE	41 TITLE
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		[ ] DELETE	51 TITLE
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		[ ] DELETE	61 TITLE
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

[ ] Change [ ] Addition

PRIORITY MAIL - 5
-02/19/99--01070--005
****150.00 ****150.00

[ ] Change [ ] Addition
[ ] Change [ ] Addition
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2/16/99

CR2E034 (11/98)

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: _____ Feb 10, 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date