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Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000003452 (8)

1. Corporation Name  
NORTH ATLANTIC BUSINESS CORPORATION



Principal Place of Business: 2666 BOB WHITE CIRCLE, NAVARRE FL 32566  
Mailing Address: 2666 BOB WHITE CIRCLE, NAVARRE FL 32566-2546

3. Date Incorporated or Qualified: 07/18/1995  
3a. Date of Last Report: 04/12/1996  
4. FEI Number: 59-3335343  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
LAURISCH, RENATE  
9012 QUAIL ROOST DRIVE  
NAVARRE FL 32566

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1. TITLE: PC [ ] DELETE  
2. NAME: LAURISCH, WOLFGANG W  
3. STREET ADDRESS: 9012 QUAIL ROOST DRIVE, NAVARRE FL 32566  
4. CITY-ST-ZIP: [ ] DELETE  
5. NAME: LAUTISCH, WOLFGANG W  
6. STREET ADDRESS: BOB WHITE CIR., NAVARRE FL 32566  
7. CITY-ST-ZIP: [ ] DELETE  
8. NAME: [ ] DELETE  
9. STREET ADDRESS: [ ] DELETE  
10. CITY-ST-ZIP: [ ] DELETE  
11. NAME: [ ] DELETE  
12. STREET ADDRESS: [ ] DELETE  
13. CITY-ST-ZIP: [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: [ ] Change [ ] Addition  
1.2 NAME: [ ] Change [ ] Addition  
1.3 STREET ADDRESS: [ ] Change [ ] Addition  
1.4 CITY-ST-ZIP: [ ] Change [ ] Addition  
2.1 TITLE: [ ] Change [ ] Addition  
2.2 NAME: [ ] Change [ ] Addition  
2.3 STREET ADDRESS: [ ] Change [ ] Addition  
2.4 CITY-ST-ZIP: [ ] Change [ ] Addition  
3.1 TITLE: [ ] Change [ ] Addition  
3.2 NAME: [ ] Change [ ] Addition  
3.3 STREET ADDRESS: [ ] Change [ ] Addition  
3.4 CITY-ST-ZIP: [ ] Change [ ] Addition  
4.1 TITLE: [ ] Change [ ] Addition  
4.2 NAME: [ ] Change [ ] Addition  
4.3 STREET ADDRESS: [ ] Change [ ] Addition  
4.4 CITY-ST-ZIP: [ ] Change [ ] Addition  
5.1 TITLE: [ ] Change [ ] Addition  
5.2 NAME: [ ] Change [ ] Addition  
5.3 STREET ADDRESS: [ ] Change [ ] Addition  
5.4 CITY-ST-ZIP: [ ] Change [ ] Addition  
6.1 TITLE: [ ] Change [ ] Addition  
6.2 NAME: [ ] Change [ ] Addition  
6.3 STREET ADDRESS: [ ] Change [ ] Addition  
6.4 CITY-ST-ZIP: [ ] Change [ ] Addition

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 checked, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 1-23-97 (904) 939-9722  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)