

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

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1. Corporation Name

NORTH-AMERICAN ASSOCIATION OF TELECOMMUNICATIONS  
DEALERS, INC.

Principal Place of Business

1045 EAST ATLANTIC AVE., STE 206  
DELRAY BEACH FL 33483

Mailing Address

1045 EAST ATLANTIC AVE., STE 206  
DELRAY BEACH FL 33483



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/03/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired	
23		28		X \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		30	
25		30		X \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MARION, JOSEPH  
1045 EAST ATLANTIC AVE., STE 206  
DELRAY BEACH FL 33483

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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	UP
NAME	BLAU, DAVID	1.2 NAME	Rick Day
STREET ADDRESS	28 CALVERT STREET	1.3 STREET ADDRESS	3744 Pacific Center Blvd. #311
CITY-ST-ZIP	HARRISON NY	1.4 CITY-ST-ZIP	San Diego, CA
TITLE	V	2.1 TITLE	P
NAME	LEIDHOLDT, STEVE	2.2 NAME	Steve Leidholdt
STREET ADDRESS	2030 ALTON COURT	2.3 STREET ADDRESS	2030 Alton Court
CITY-ST-ZIP	ST LOUIS MO	2.4 CITY-ST-ZIP	St. Louis, MO
TITLE	S	3.1 TITLE	D
NAME	MURPHY, ANN M	3.2 NAME	Ann Murphy
STREET ADDRESS	54 WEST DANE ST	3.3 STREET ADDRESS	54 W. Dane St.
CITY-ST-ZIP	BEVERLY MA	3.4 CITY-ST-ZIP	Beverly, MA
TITLE	T	4.1 TITLE	S
NAME	CARROTHERS, SCOTT	4.2 NAME	Scott Carrothers
STREET ADDRESS	2346 WYECRAFT RD	4.3 STREET ADDRESS	2346 Wycraft Rd
CITY-ST-ZIP	OAKVILLE ONTARIO CANADA	4.4 CITY-ST-ZIP	Oakville, Ontario, CANADA
TITLE	CD	5.1 TITLE	T
NAME	MARION, JOSEPH	5.2 NAME	Steve Smith
STREET ADDRESS	1045 E ATLANTIC AVE., STE 206	5.3 STREET ADDRESS	869 Pickens Ind. DR. #3
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	Marion, CA
TITLE	D	6.1 TITLE	D
NAME	CONN, JOHN	6.2 NAME	Joseph Elichaa
STREET ADDRESS	33 LAIRD DRIVE	6.3 STREET ADDRESS	24 Evergreen DR.
CITY-ST-ZIP	TORONTO CANADA	6.4 CITY-ST-ZIP	Panama, ME

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 617, 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:

*[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

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