

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMPA 33604
Secretary of State
TALLAHASSEE, FLORIDA 32399

APPROVED
FILED

04/24/1995

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J11200** (9)

1. Corporation Name
NORTH ATLANTIC, INC.

DO NOT WRITE IN THIS SPACE

Principal Office Address: 4434 N BAY RD MIAMI BCH FL 33140	Mailing Address: 4434 N BAY RD MIAMI BCH FL 33140
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3. Date incorporated or Qualified 04/24/1986	3a. Date of Last Report 05/01/1994
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2. Principal Office City and State: 21 State: FL City: BCH	2b. Mailing City and State: 26 State: FL City: BCH
22. City & State: 23 City: BCH State: FL	27. City & State: 28 City: BCH State: FL
24. Zip: 33140 County: MIAMI	29. Zip: 33140 County: MIAMI

4. FIC Number: 59-2870023	Applied For: <input type="checkbox"/> Applied For <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent: BERKOWITZ, ABBEY 4434 N BAY RD MIAMI 33140	10. Name and Address of New Registered Agent: B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable): B3 City: B4 State: FL B5 Zip Code:
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11. Pursuant to the provisions of Sections 607 (2)(a) and 607 (2)(b), 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 (2)(b), Florida Statutes.

SIGNATURE: _____ (Name of Agent) _____ (Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICER NAME: PV BERKOWITZ, MURRAY STREET ADDRESS: 4434 N BAY ROAD CITY: MIAMI BCH FL		1. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER NAME: ST BERKOWITZ, ABBEY STREET ADDRESS: 4434 N BAY ROAD CITY: MIAMI BCH FL		2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER NAME: _____ STREET ADDRESS: _____ CITY: _____		3. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER NAME: _____ STREET ADDRESS: _____ CITY: _____		4. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER NAME: _____ STREET ADDRESS: _____ CITY: _____		5. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER NAME: _____ STREET ADDRESS: _____ CITY: _____		6. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER NAME: _____ STREET ADDRESS: _____ CITY: _____		7. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER NAME: _____ STREET ADDRESS: _____ CITY: _____		8. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the information stated in Section 11 of this Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and correct and that my corporation shall have the same legal effect as if made on file with the Department of State. I am a director of the corporation and I authorize the report as required by Chapter 607, Florida Statutes, and that the names appearing on this report are those of the corporation and are not the names of any individual.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR: **Berkowitz**
DATE: **2/10/95** FILE NO: **531-5771**