FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:39

DOCUMENT # L03158 (7)

1. Corporation Name
NORTH AMERICAN DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
2185 N. POWERLINE RD. STE 4A-NW POMPANO BCH FL 33069 US	2185 N. POWERLINE RD. STE 4A-NW POMPANO BCH FL 33069 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/18/1989
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address
21 260 SW 12 AVE.	26 260 SW 12 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DEAR FIELD BEACH, FL.	28 City & State: DEERFIELD BEACH, FL
24 Zip: 33442	25 Country: BROWARD
29 Zip: 33442	30 Country: BROWARD

4. FEI Number: 65-0145770 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PLEETER, LOUIS J.
2255 GLADES RD.
STE 238 W
BOCA RATON FL 33431

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	FISKE, BARRY	1.2 NAME		
STREET ADDRESS	10855 AVENIDA SANTA ANA	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	TS	2.1 TITLE	V.P.	☑ Change ☐ Addition
NAME	FISKE, BARRY	2.2 NAME	FISKE, SCOTT	
STREET ADDRESS	10855 AVENIDA SANTA ANA	2.3 STREET ADDRESS	10855 AVENIDA SANTA ANA	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL.	
TITLE		3.1 TITLE	T.S.	☐ Change ☑ Addition
NAME		3.2 NAME	FISKE, LESLIE	
STREET ADDRESS		3.3 STREET ADDRESS	10855 AVENIDA SANTA ANA	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON, FL.	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: BARRY FISKE - Barry Fiske 4/1/95 305-426-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0112608 CP