

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L03158 (7)

1. Corporation Name

NORTH AMERICAN DEVELOPMENT CORP.



Principal Place of Business

260 SW 12 AVENUE
DEERFIELD BEACH FL 33442
US

Mailing Address

260 SW 12 AVE.
~~STE 238 W~~
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 260 SW 12 AVE

22 City & State

27 City & State

23 Zip Country

28 DEERFIELD BEACH, FL

24 Zip Country

29 33442 30 BROWARD

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
07/18/1989

3a. Date of Last Report
04/11/1995

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FISKE, BARRY
STREET ADDRESS 10855 AVENIDA SANTA ANA
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE VP
NAME FISKE, SCOTT
STREET ADDRESS 1085 AVENIDA SANTA ANA
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE TS
NAME FISKE, LESLIE
STREET ADDRESS 10855 AVENIDA SANTA ANA
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 305-426-8222

Date

Daytime Phone #

CR2E034 (12/95)