


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 DEERFIELD BEACH FL 33442 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1989	
21		26		4. FEI Number 65-0145770	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent PLEETER, LOUIS J. 2255 GLADES RD. STE 236 W BOCA RATON FL 33431				10. Name and Address of New Registered Agent	
				81 Name BARRY FISKE	
				82 Street Address (P.O. Box Number Is Not Acceptable) 10855 AVENIDA SANTA ANA	
				83	
				84 City BOCA RATON FL 85 Zip Code 33498	
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 <u>BARRY FISKE, PRESIDENT</u> <u>[Signature]</u> 1/23/98 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISKE, SCOTT		2.2 NAME		
STREET ADDRESS	1085 AVENIDA SANTA ANA		2.3 STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL		2.4 CITY - ST - ZIP		
TITLE	TS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISKE, LESLIE		3.2 NAME		
STREET ADDRESS	10855 AVENIDA SANTA ANA		3.3 STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL		3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <u>[Signature]</u> <u>BARRY FISKE PRESIDENT</u> 1/23/98 954-426-8222					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)