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 -6 AM 10:08

DOCUMENT # **L33210** **(0)**

1. Corporation Name
NORTH AMERICAN CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
C/O JAMES W. GENARO 11800 - 31ST COURT NORTH ST. PETERSBURG FL 33716	C/O JAMES W. GENARO 11800 - 31ST COURT NORTH ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/27/1989	01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 2600 McCormick Dr.	26 2600 McCormick Drive
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 300
City & State 23 Clearwater FL	City & State 28 Clearwater FL
Zip / Country 24 34619 / 25 Pinellas	Zip / Country 29 34619 / 30 Pinellas

4. FEI Number: 65-0157741 ☐ 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

GENARO, JAMES W.
11800 - 31ST COURT NORTH
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2600 McCormick Drive,

83 Suite 300

84 City Clearwater FL 85 Zip Code 34619

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, type or print 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	D	11 TITLE	☒ Change ☐ Addition
NAME	NOREN, ARTHUR W.	12 NAME	
STREET ADDRESS	11800-31ST CT. NO.	13 STREET ADDRESS	2600 McCormick Drive Suite 300
CITY ST ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	Clearwater FL 34619
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	GENARO, JAMES W.	22 NAME	
STREET ADDRESS	11800-31ST CT. NO.	23 STREET ADDRESS	2600 McCormick Drive Suite 300
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	Clearwater, FL 34619
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: JWGenaro James W. Genaro 3/31/95 813-724-3955
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — DATE — Daytime Phone #