

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N45467 (0)

1. Corporation Name

NORTH AMERICAN DMIS USERS GROUP, INC.



Principal Place of Business

Mailing Address

**7602 CONGRESS ST.
SUITE 5
NEW PORT RICHEY FL 34653**

**7602 CONGRESS ST.
SUITE 5
NEW PORT RICHEY FL 34653**

3. Date Incorporated or Qualified
10/04/1991

3a. Date of Last Report
12/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3090028

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NESHTA, PATRICIA
7602 CONGRESS STREET
SUITE 5
NEW PORT RICHEY FL 34653**

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PCD**
STREET ADDRESS **SCHALL, RON**
CITY-ST-ZIP **36200 PLYMOUTH RD BX 13**
LIVONIA MI 48150

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS **35500 Plymouth Road, Box 13**
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **NESHTA, ROBERT J.**
CITY-ST-ZIP **7602 CONGRESS ST., STE 5**
NEW PORT RICHEY FL 34653

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **NESHTA, PATRICIA**
CITY-ST-ZIP **7602 CONGRESS ST., STE 5**
NEW PORT RICHEY FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GEHNER, WILLIAM**
CITY-ST-ZIP **DEERE AND COMPANU JOHN DEERE ROAD**
MOLINE IL 61265

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Patricia Neshta Patricia Neshta**

2-7-96 813.845-5381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)