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May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34653-1107

3. Date Incorporated or Qualified
10/04/1991

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3090028

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

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 PCD
NAME SCHALL, RON
STREET ADDRESS 35500 PLYMOUTH ROAD BOX 13
CITY-ST-ZIP LIVONIA MI

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

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

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

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

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

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

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 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

Signature and typed or printed name of signing officer or director

4-30-97

813-845-5384

CR2E037 (9/96)