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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000004314 (9)**

1. Corporation Name
NORTH AMERICAN TELCOM SYSTEMS, INC.

Principal Place of Business	Mailing Address
412 E. MADISON STREET STE 1207 TAMPA FL 33602 US	412 E MADISON STE 1207 TAMPA FL 33602-4619 US

3. Date Incorporated or Qualified: 01/13/1993
3a. Date of Last Report: 06/20/1996

2. Principal Place of Business
21: 5516 Frontier Dr.
22: Suite, Apt. # etc: —
23: City & State: Zephyrhills, Florida
24: Zip: 33540
25: Country: U.S.A.

2a. Mailing Address
26: 5516 Frontier Dr.
27: Suite, Apt. #, etc.
28: City & State: Zephyrhills, Florida
29: Zip: 33540
30: Country: U.S.A.

4. FEI Number: 59-3158894 ☐ 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
BAKER, MERLE
3860 A.P. HILL ROAD
ZEPHYRHILLS FL 33540

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Merle Baker Merle Baker 3-16-97
Signature, type or print 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, MERLE		1.2 NAME		
STREET ADDRESS	3860 A.P. HILL ROAD72		1.3 STREET ADDRESS		
CITY-ST-ZIP	ZYPHYRHILLS FL 33540		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, DARLENE		2.2 NAME		
STREET ADDRESS	3860 A.P. HILL ROAD72		2.3 STREET ADDRESS		
CITY-ST-ZIP	ZYPHYRHILLS FL 33540		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Merle Baker Merle Baker 3-16-97 813-782-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #