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May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000032593 (4)

1. Corporation Name

NORTH AMERICAN REAL ESTATE CONSULTING CORP.

Principal Place of Business

DAELAND EXECUTIVE CTR  
8700 SO DIXIE HWY #670  
MIAMI FL 33156  
US

Mailing Address

DAELAND EXECUTIVE CTR  
8700 SO DIXIE HWY #670  
MIAMI FL 33156-2800  
US

3. Date Incorporated or Qualified

05/03/1993

3a. Date of Last Report

08/20/1996

2. Principal Place of Business

2a. Mailing Address

21 120 E. OAKLAND PARK BLVD. ← SAME  
Suite, Apt. #, etc

27 Suite, Apt. #, etc

22 SUITE 105  
City & State

27 City & State

23 FT. LAUDERDALE, FL.  
Zip Country

28 Zip Country

24 33334

25

29

30

4. FEI Number

65-0404882

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

POLLER, NEALE J  
1221 BRICKELL AVE  
25TH FLR  
MIAMI FL 33131

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 accept the obligations of, Section 607.0505, 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 DP  
NAME WESTON, E G  
STREET ADDRESS 9740 SW 72ND CT  
CITY-ST-ZIP MIAMI FL ☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP PRESIDENT  
NAME MARSEY, KATHLEEN AHERN  
STREET ADDRESS 3720 NE 22ND AVE #10  
CITY-ST-ZIP LIGHTHOUSE PT FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP  
NAME GREEN, LAWRENCE M  
STREET ADDRESS 9740 SW 72 COURT  
CITY-ST-ZIP MIAMI FL ☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

KATHLEEN MARSEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN MARSEY-4/26/97/8360  
Date Daytime Phone

CR2E034 (9/96)