

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000009248 (2)**

1. Corporation Name  
**NORTHAMERICOM CORPORATION**



Principal Place of Business <b>101 N GARDEN AVE. STE 120 CLEARWATER FL 34615</b>	Mailing Address <b>101 N GARDEN AVE. STE 120 CLEARWATER FL 34615-4118</b>
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3. Date Incorporated or Qualified <b>02/03/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number <b>59-3303236</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NASH, THOMAS C II 400 CLEVELAND STREET 8TH FLOOR CLEARWATER FL 34615</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code <b>FL</b>
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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 is a printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>BORDERS, GARY L</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>101 N GARDEN AVE. STE 120</b>	CITY - ST - ZIP <b>CLEARWATER FL 34615</b>	1.2 NAME	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE <b>STD</b>	NAME <b>DUKE, LAWRENCE JAMES</b>	1.4 CITY - ST - ZIP	
STREET ADDRESS <b>101 N GARDEN AVE. STE 120</b>	CITY - ST - ZIP <b>CLEARWATER FL 34615</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE <b>V</b>	NAME <b>DAVIS, JACK</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>101 N GARDEN AVE. STE 120</b>	CITY - ST - ZIP <b>CLEARWATER FL 34615</b>	2.4 CITY - ST - ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PD</b>	NAME <b>SIMS, MONTE C</b>	3.2 NAME	
STREET ADDRESS <b>101 N GARDEN AVE. STE 120</b>	CITY - ST - ZIP <b>CLEARWATER FL 34615</b>	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>BROWN, ROBERT G</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>101 N GARDEN AVE. STE 120</b>	CITY - ST - ZIP <b>CLEARWATER FL 34615</b>	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE <b>D</b>	NAME <b>KENT, BRADLEY B</b>	4.4 CITY - ST - ZIP	
STREET ADDRESS <b>101 N GARDEN AVE. STE 120</b>	CITY - ST - ZIP <b>CLEARWATER FL 34615</b>	5.1 TITLE	<b>SICLY AND DIRECT,</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<b>TRE. A ROBERT TURNER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	<b>101 N. GARDEN AVE</b>
		6.4 CITY - ST - ZIP	<b>CLEARWATER, FL 34615</b>

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: *[Signature]* **Feb 13, 1997 (813) 441-3939**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)