

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT #

P95000030008

1. Corporation Name

NORTH AMERICAN COMMUNICATIONS GROUP, INC.

Principal Place of Business

Mailing Address

FILED

96 DEC 13 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 900 S US Hwy 2		26		4/19/95		11/1/90	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 #106		27		65-0591562		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 JUPITER FL		28		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing		Trust Fund Contribution	
24 33477		25 USA		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

CHRISTIAN HORKY  
900 S US Hwy 2 #106  
JUPITER FL 33477

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

CHRISTIAN HORKY - CEO

CHRISTIAN HORKY

12/10/96

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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.1	
TITLE	PRESIDENT	1.1 TITLE	
NAME	CHARLES MAYNARD	1.2 NAME	
STREET ADDRESS	1033 COHINA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDY HILLS KY 40129	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	2.1 TITLE	
NAME	CHARLES SMITH	2.2 NAME	
STREET ADDRESS	9502 SUNPOINTE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYDTON BLVD FL 33	2.4 CITY-ST-ZIP	
TITLE	CEO	3.1 TITLE	
NAME	C. P. HORKY, III	3.2 NAME	
STREET ADDRESS	900 S. US HWY 1 #106	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL.	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

CHRISTIAN P. HORKY

CHRISTIAN P. HORKY

12/10/96 561-748-9614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)