FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DIVISION OF CORPORATIONS

Secretary of sate - >

1996

DOCUMENT #

P95000072744 (2)

NORTH AMERICAN BOARD, INC.

Principal Place of Business		Mailing Address		T JORDINAND DE DE COLORA MARTIL MARTIN DANIEL	8818 8818 4 8818 118 18 88818 418 18 418 18
1200 SOUTH FLAGLER DR. WEST PALM BEACH FL 33401		1200 SOUTH FLAGLER DR. WEST PALM BEACH FL 33401			
				3. Date Incorporated or Qualified 09/20/1995	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 65 - 06/3070	Applied For
21	ala ala	26		69 2061 30 10	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & State		City & State		6. Election Campaign Financing	5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	_
24	25 25 Name and Address of Curre	29	30	Florida Statutes Yes 10. Name and Address of New R	
	B. Name and Address of Curre	nt negistered Agent	81 Name	IU. Name and Address of New H	egistereu Agent
GOODWI	N, CHARLES		20 0 0 1	(D.O. D. N. H. L. H. M. J. H.	
1200 SOUTH FLAGLER DR.				ress (P.O. Box Number is Not Acceptab	ile)
• WEST PALM BEACH FL 33401					
			84 City		85 Zip Code
					FL `
 11. Pursuant to or registere 	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor	i2 and 607.1508. Florida Statute rida. Such change was authorze	es, the above hamed corpored by the corpored by the corporation's boar	ration submits this statement for the pur rd of directors. Thereby accept the appo	pose of changing its registered office
familiar with	n, and accept the obtain ons of, Sec	ction 607.0505, Florida Statutes			
SIGNATURE	Signature, typed on protect manus of regis Green age		TE Playetered Agent signature respire	Andrew is a state of	114/86
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	DATE
TITLE	D	☐ DELETE	1 1 TITLE		Change Addition
NAMÉ	GOODWIN, CHARLES		1.2 NAME		
STREET ADDRESS	1200 SOUTH FLAGLER DR.		13 STREET ADDRESS		
CITY-S1-ZIP	WEST PALM BEACH FL 334		1.4 CITY+ST+ZIP		
TIFLE		DELETE	2 1 TIELE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY - ST - 7IP 3.1 TIFLE		Change Addition
NAME			3 2 NAME -		C onargo C Addition
STREET ADDRESS			3.3 STREET ADDRESS		
City-ST-ZIP	,		3.4 CITY-ST-7IP		
TITLE		[] DELETE	4 1 TITLE	FOODSTA	Change Addition
NAME			4 2 NAME	500 00178 -04/15/36010	ili≏i <u>∠`t</u> 6.4 _{~~} 010
STREET ADDRESS			4.3 STREFT ADDRESS	***200.00	0.1 012
CITY-ST-ZIP			4.4 C(TY - \$T - Z(P)		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		İ
CITY-S1-ZIP TITLE		☐ DECETE	5 4 CITY-ST-ZIP 6 1 TITLE		Change Addition
NAME			6.2 NAME		C Susside C Modition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZiP			64 CITY - ST - ZIP		
14. I do hereby certify that oath; that I	the information indicated on this and	nual report or supplemental anni poration or the receiver or trustee	ished and does not qualify full ual report is true and accura elempowered to execute this	or the exemption stated in Section 119, ate and that my signature shall have the is report as required by Chapter 607, Fk	same legal effect as if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 SG-0-17-15-96