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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000083183

1. Corporation Name

NORTH AMERICAN AEROSPACE GROUP, INC.

Principal Place of Business

Mailing Address

4505 S. GOLDENROD RD.
ORLANDO FL 32822

4505 S. GOLDENROD RD.
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1020 NW 62 ST

26 PO BOX 81200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft Lauderdale, FL

28 Albuquerque NM

Zip

Country

Zip

Country

24 33309

25

29 87198

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIEGLER, JACK
4505 S. GOLDENROD RD.
ORLANDO FL 32822

81 Name Keely Whittington

82 Street Address (P.O. Box Number is Not Acceptable)
1020 NW 62 ST

83

84 City Ft Lauderdale

FL

85 Zip Code 33309

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 D
NAME WHITTINGTON, KEELY
STREET ADDRESS 4505 S. GOLDENROD RD.
CITY-ST-ZIP ORLANDO FL 32822

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

TITLE D
NAME WHITTINGTON, NERISSA
STREET ADDRESS 4505 S. GOLDENROD RD.
CITY-ST-ZIP ORLANDO FL 32822

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

TITLE D
NAME WHITTINGTON, SCOTT
STREET ADDRESS 4505 S. GOLDENROD RD.
CITY-ST-ZIP ORLANDO FL 32822

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 registered 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Keely Whittington 2-16-99 (505) 255 5422

Date

Daytime Phone #

CR2E034 (11/98)

0101315