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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 333247

(5)

FILED Jan 28 1997 8:00am Secretary of State

NATEE INVESTMENT CORPORATION	
	I HERRICH PRICE REPRESENTATION CHARLES BEREIT B

						—		ARI DIN K	JJ FIBN FIBN	
Principal Place of Business Mailing Address			ı tanını ruan ısını tilin tikli di	E41 1881	a-4-1 B)Bl: 44	775 WIW(I WIEI)) WIEST SEE!			
P.O. BOX 1550 P.O. BOX 1550										
1023 MANATER		1023 MANATEE AVE W								
Bradenton F	FL 34206	BRADENTON FL 34206-155	0			- D	dica al	1 a- D-		
						 Date incorporated or Qua 07/31/1968 	.IIT#80		te of Last f 1/1996	чероп
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		1 007 .		oplied For
		26				59-1274346				ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.								Additional
]		27				5. Certificate of Status Desir	ed			Required
City & Sta	re .	City & State				6. Election Campaign Finance	ing		\$5.00	May Be
		28				Trust Fund Contribution	_			to Fees
Zip	Country	Zip	Cour	ntry		B. This corporation has liable	ity 🗽	_	x under	s. 199.032,
<u> </u>	25	29	30			Florida Statutes		Yes	No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of N	ew Re	gistered A	gent	
	MES,WILLIAM C			81	Name					
1023	3 MANATEE AVE W	_	ŀ	82	Street Add	ress (P.O. Box Number is Not Ac	ceptah	ole)		
BRA	NDENTON FL -20505 - 34 209	ל	Ļ	-						
				83						
			ŀ	B4	City				65 Zip	Code 4205
	t to the provisions of Sections 607.05 registered agent or both, in the Stat							<u> FL</u>		
2.	Signature, typical or printed name of registerior a OFFICERS Al	gert and tille if applicable (NOT ND DIRECTORS	E: Hagistered	Agent	t signature requi	red when reinstating) ADDITIONS/CHANGES TO	OFFIC	DATE CERS AND	DIRECTO	RS IN 12
I 2. The	OFFICERS A	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO	OFFIC	EHS AND	☐ Change	
IAME	KING, SUSAN	had beleve	1.2 NA							
streét adóress	AAAA AATIL AT ELAT		1		NODRESS .					
CITY-ST-ZIP	BRADENTON FL	. /	1.4 CH							
TITLE	D	DELETE	2,1 TIT						☐ Change	Additio
NAME	TURNER, WAYNE M.	/ *	2.2 NA	ME						
STREET ADDRESS			2.3 STI	REET A	ADDRESS					
CITY-ST-ZIP	BRADENTON FL		2 4 CI	TY-ST	- ZIP					
IT LE	D	DELETE	3.1 TIT	LE					Change	Additio
NAME	HOLMES, JOHN E JR		3.2 NA	ME	1					
STREET ADDRESS	*		3.3 ST	AEET A	ADDRESS					
CHTY - ST - ZIP	HOLMES BCH, FL 00000		3.4. CI	TY-ST	-ZIP					
TITLE	VD	☐ DELETE	4.1 111	LE					Change	Addition Addition
NAME	MURRAY, LUCILLE P.		4. 2 NA	AME						
STREET ADDRESS			4.3 ST	reey a	ADDRESS					
CITY-S1-ZIP	PALMETTO, FL 00000		4 4 CII		-ZIP		 -		<u> </u>	
TITLE	PD	☐ DELETE	5 1 TIT						Change	Additio
NAME	GRIMES, WILLIAM C		5 2 NA							
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP	PALMETTO, FL 00000	Driver	5.4 CIT		- 2 (P					4.4190
HTLE	STD	DELETÉ	6.1 T(T		ļ				Change	Additio
NAME	GRIMES, CALEB J		6.2 NA							
STREET ADDRESS	3612 16TH AVE E				ADDAESS					
מול בי עלוי	I PAIMPII() PI (XXXX)		■ c 4 C/I	TV CT	710					

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 receipts of 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 charged or or purple accurate and the same legal effect as if made under oath; that appears in Block 12 or Block 13 if charged or or purple accurate and the same legal effect as if made under oath; that appears in Block 12 or Block 13 if charged or or purple accurate and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipts of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

IGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(441)748-0151

Date

Daytime Phone #

CR2E034 (