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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

FRANK L. NATTER, P.A.

DOCUMENT # 1. Corporation Name F21176

(5)

FILED Aug 07 1996 8:00 am Secretary of State



Principal Place of Business Mailing Address 1245 FLUSHING AVE CLEARWATER FL 34624-4907 CLEARWATER FL 34624-4907				3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal fil	lace of Business	So. Mailing Address		02/26/1981 4. FEI Number	06/29/1995
2. Principal Place of Business 2a. Mailing Address 25 1356 RAG		מכל למה שלוצ		Applied For Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.	xthrop DR.	- O - W	\$8.75 Additional
27 CLEARWA			ATTER EL	5. Certificate of Status Des red	Fee Required
City & State	e	City & Stale	1254	6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 34624	Country	Trust Fund Contribution	Added to Fees
24 ZIP	25	21P 29	30	8. This corporation has hability for in Florida Statutes	ntangible tax under s. 199 032 Yes No
 	9. Name and Address of Curr			10. Name and Address of New Reg	
NA'	TTER, FRANK L.		81 Name	IDATED EDA	K L
	15 FLUSHING AVENUE		82 Street Add	ress (P.O_Box Number is Not Accentable	e)
SUITE 4			13.5	6 RANCHWOOL	DR.
	EARWATER FL 34624		83 C L	ADMATTA	
			84 City		85 Zip Code
11 Purcuant	to the provisions of Spetians 607.09	502 and 607 1609 Elasida Com	utos, the above named as a	poration submits this statement for the pu	rl 34674
SIGNATURE	Springton typed or phritish name of registered a	gent and file it applicable (N	Offe. Brigistered Agent's gnature requi		0/1/96 MATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	D NATTED EDANK!	DELETE	11 TITLE	KIATTER FRANK	Change Addition
STREET ADDRESS	NATTER, FRANK L 1245 FLUSHING AVE		1.2 NAME 1.3 STREET ADDRESS	125/ 02 - 44	
CITY-ST-ZIP	CLEARWATER FL		1.3 STREET AUDRESS	NATTER, FRANI 1356 RAUCHUS CLUARWATER	24/24
TITLE	- demonstrate require 1 to	DELETE	2 1 TITLE	- OTHEW HIME	Change Addition
NAME		<u> </u>	2 2 NAME		_ ,
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADORESS			3 3 STREET ADDRESS		
CITY - ST - ZIP		T Bridge	3 4 City - St - ZIP		
TITLE		DELETE	4 1 TIT <u>∈</u> €		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	4.4 CITY - ST - ZIP		Channe
NAME		[_] DETERE	5 1 TITLE		Change Addition
STREET ADDRESS			5 2 NAME		
·			5 3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
NAME		L. DEELE			T cuands T wontion
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6 3 STREET ADDRESS		
5111-31-ZIP			6 4 CITY - S1 - 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)(x). Florida Statutes 1 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 manged, or on an attachment with an address

SIGNATURE:

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR