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Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>G21204</b> (4)			
1. Corporation Name <b>NATE'S FLORIDA, INC.</b>			
Principal Place of Business <b>3101 P.G.A. BLVD., #L-218 PALM BEACH GARDENS FL 33410</b>		Mailing Address <b>12800 U.S. HWY ONE SUITE 200 JUNO BEACH FL 33408-2260 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent <b>BOURASSA, JOHN H. 12800 U.S. HWY ONE SUITE 200 JUNO BEACH FL 33408</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		85. Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>		1.1 TITLE <b>PTSD</b>	
1.2 NAME <b>BOURASSA, JOHN H.</b>		1.2 NAME <b>PTSD</b>	
1.3 STREET ADDRESS <b>285 SOUTH BEACH RD.</b>		1.3 STREET ADDRESS <b>PTSD</b>	
1.4 CITY-ST-ZIP <b>HOBE SOUND FL</b>		1.4 CITY-ST-ZIP <b>PTSD</b>	
2.1 TITLE <b>VP</b>		2.1 TITLE <b>VP</b>	
2.2 NAME <b>MORTON, LINDA</b>		2.2 NAME <b>MORTON, LINDA</b>	
2.3 STREET ADDRESS <b>8666 SE GULFSTREAM PLACE</b>		2.3 STREET ADDRESS <b>8666 SE GULFSTREAM PLACE</b>	
2.4 CITY-ST-ZIP <b>HOBE SOUND FL</b>		2.4 CITY-ST-ZIP <b>HOBE SOUND FL</b>	
3.1 TITLE <b>VP</b>		3.1 TITLE <b>Vice President</b>	
3.2 NAME <b>BOURASSA, JOHN H.</b>		3.2 NAME <b>Harpal Bourassa</b>	
3.3 STREET ADDRESS <b>285 SOUTH BEACH RD.</b>		3.3 STREET ADDRESS <b>285 South Beach Road</b>	
3.4 CITY-ST-ZIP <b>HOBE SOUND FL</b>		3.4 CITY-ST-ZIP <b>Hobe Sound, FL</b>	
4.1 TITLE <b>VP</b>		4.1 TITLE <b>VP</b>	
4.2 NAME <b>MORTON, LINDA</b>		4.2 NAME <b>MORTON, LINDA</b>	
4.3 STREET ADDRESS <b>8666 SE GULFSTREAM PLACE</b>		4.3 STREET ADDRESS <b>8666 SE GULFSTREAM PLACE</b>	
4.4 CITY-ST-ZIP <b>HOBE SOUND FL</b>		4.4 CITY-ST-ZIP <b>HOBE SOUND FL</b>	
5.1 TITLE <b>VP</b>		5.1 TITLE <b>VP</b>	
5.2 NAME <b>BOURASSA, JOHN H.</b>		5.2 NAME <b>BOURASSA, JOHN H.</b>	
5.3 STREET ADDRESS <b>285 SOUTH BEACH RD.</b>		5.3 STREET ADDRESS <b>285 SOUTH BEACH RD.</b>	
5.4 CITY-ST-ZIP <b>HOBE SOUND FL</b>		5.4 CITY-ST-ZIP <b>HOBE SOUND FL</b>	
6.1 TITLE <b>VP</b>		6.1 TITLE <b>VP</b>	
6.2 NAME <b>MORTON, LINDA</b>		6.2 NAME <b>MORTON, LINDA</b>	
6.3 STREET ADDRESS <b>8666 SE GULFSTREAM PLACE</b>		6.3 STREET ADDRESS <b>8666 SE GULFSTREAM PLACE</b>	
6.4 CITY-ST-ZIP <b>HOBE SOUND FL</b>		6.4 CITY-ST-ZIP <b>HOBE SOUND FL</b>	
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 receiver or 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.			
SIGNATURE: _____		John H. Bourassa 3/11/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



CR2E034 (9/96)

(561)625-5325

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