

5-12-97 13-7010 N/C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H61828 (0)

1. Corporation Name  
NATURAL RESOURCES, INC.

Principal Place of Business  
900 N.W. 8TH AVENUE  
FT LAUDERDALE FL 33311

Mailing Address  
900 N.W. 8TH AVENUE  
FT LAUDERDALE FL 33311-7208



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/13/1985		3a. Date of Last Report 04/15/1996	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
9. Name and Address of Current Registered Agent PACKARD, MARTHA M. 900 N.W. 8TH AVENUE FT LAUDERDALE FL 33311				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. Zip Code			
85. State				FL			

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	
NAME	ELMORE, ROBERT L.	1.2 NAME	
STREET ADDRESS	900 NW 8TH AVENUE	1.3 STREET ADDRESS	
CITY- ST- ZIP	FT. LAUDERDALE FL	1.4 CITY- ST- ZIP	
TITLE	DVS	2.1 TITLE	
NAME	PACKARD, MARTHA M.	2.2 NAME	
STREET ADDRESS	900 NW 8TH AVENUE	2.3 STREET ADDRESS	
CITY- ST- ZIP	FT LAUDERDALE FL	2.4 CITY- ST- ZIP	
TITLE	AS	3.1 TITLE	
NAME	STEVENS, KENNETH G.	3.2 NAME	
STREET ADDRESS	412 NW 4TH STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	FT LAUDERDALE FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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:

*Martha M. Packard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARTHA M. PACKARD

4/17/97 954-523-3438

Date

Daytime Phone #

0200030

CR2E034 (9/96)