

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90158 024 ***150.00

DOCUMENT # H61828

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1985

4. FEI Number

59-2638959

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 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

Tiso, Marcelline, I.

82 Street Address (P.O. Box Number is Not Acceptable)

900 N.W. 8th Avenue

83

84 City Fort Lauderdale

FL

85 Zip Code
33311

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 Marcelline I. Tiso Marcelline I. Tiso

4/27/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME ELMORE, ROBERT L.
STREET ADDRESS 900 NW 8TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE DVS ☒ DELETE

NAME PACKARD, MARTHA M.
STREET ADDRESS 900 NW 8TH AVENUE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE AS ☐ DELETE

NAME STEVENS, KENNETH G.
STREET ADDRESS 412 NW 4TH STREET
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE D/V/S ☐ Change ☒ Addition

2.2 NAME Tiso, Marcelline, I

2.3 STREET ADDRESS 900 N.W. 8th Avenue

2.4 CITY-ST-ZIP Fort Lauderdale, FL 33311

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE: Marcelline I. Tiso Marcelline I. Tiso

4/27/99

(954) 523-3438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)