FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J93787** **(6)**

1. Corporate Name

NATURE IMAGES, INC.

Principal Place of Business

% HELEN LONGEST-SLAUGHTER
215 PRINCETON DR
LAKE WORTH FL 33460

Mailing Address

% HELEN LONGEST-SLAUGHTER
215 PRINCETON DR
LAKE WORTH FL 33460

2. Principal Place of Business
21
Suite Apt. #
22
City
23
State
24 25

2a. Mailing Address
26
Suite Apt. #
27
City
28
State
29 30

3. Date of Incorporation or Qualification: **09/21/1987**

3a. Date of Last Report: **05/24/1994**

4. FEI Number: **65-0005702**

Applied For
Not Applicable

5. Certificate of Status (Check) **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **$5.00** May Be Added to Fees

8. Has corporation been notified for outstanding tax under s. 199.032 Florida Statutes? Yes **X** No

9. Name and Address of Current Registered Agent

LONGEST-SLAUGHTER, HELEN
215 PRINCETON DR
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is N.A. acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. The name and address of the registered office and the name and address of the registered agent of this corporation as changed, are as follows:

STREET ADDRESS

12. Officers and Directors

D
LONGEST-SLAUGHTER, HELEN
215 PRINCETON DR
LAKE WORTH FL

13. ADDITIONS, CHANGES, OR DELETIONS (Check one)

☐ Change ☐ Addition

14. I hereby certify that the information contained herein, to the best of my knowledge, is true and complete. I further certify that the corporation has filed all applicable reports required under Florida Statutes, and that its name appears in the records of the Department of State under the report or reports listed above and that its name appears in the records of the Department of Revenue under the report or reports listed above and that its name appears in the records of the Department of Revenue under the report or reports listed above.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 407/586-7332
Date Phone

0260026 CP