

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J99913

(2)

1. Corporation Name

NATURAL FREQUENCY, INC.



Principal Place of Business

Mailing Address

~~2209 S.W. 36TH TERRACE~~  
~~DELRAY BEACH FL 33445~~  
US

4801 LINTON BLVD.  
SUITE 11A  
DELRAY BEACH FL 33445  
US

3. Date Incorporated or Qualified

10/27/1987

3a. Date of Last Report

02/24/1995

2. Principal Place of Business

2a. Mailing Address

21 General Delivery  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State  
23 Crestone, CO

27 City & State

24 Zip 81131 25 Country Saguache

28 Zip Country

29 30

4. FEI Number

65-0009399

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAY URBANIAK

~~2209 S.W. 36TH TERRACE~~  
~~DELRAY BEACH FL 33445~~

81 Name Ray Urbanik

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

900 - Sylvan Lane

83

84 City Lake Worth, FL

85 Zip Code 33461

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

Ray Urbanik DVT

(NOTE: Registered agent signature required when registering)

3/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	URBANI, RAY	
STREET ADDRESS	2209 S.W. 36TH TERRACE	
CITY - ST - ZIP	DELRAY BCH - FL	
TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	SEHUANES-URBANI, E.	
STREET ADDRESS	2209 S.W. 36TH TERRACE	
CITY - ST - ZIP	DELRAY BCH - FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	URBANI, RAY	
1.3 STREET ADDRESS	General Delivery	
1.4 CITY - ST - ZIP	Crestone, CO 81131	
2.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SEHUANES-URBANI, E.	
2.3 STREET ADDRESS	General Delivery	
2.4 CITY - ST - ZIP	Crestone, CO 81131	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray Urbanik 3/5/96 (719) 256-4430

Date

Daytime Phone #

CR2E034 (12/95)