

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

FILED

Apr 09 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 # J99913
1. Corporation Name
Natural Frequency, Inc.

Principal Place of Business Mailing Address
142 Moonlight Way (General Delivery)
Crestone, CO 81131

3. Date Incorporated or Qualified 11/17/87 3a. Date of Last Report 1996
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

2. Principal Place of Business 2a. Mailing Address
21 142 Moonlight Way 26 142 Moonlight Way
Suite, Apt. #, etc. (Gen. Deliv.) Suite, Apt. #, etc. (Gen. Deliv.)
22 City & State 27 City & State
23 Crestone CO 28 Crestone, CO
Zip Country USA Zip Country USA
24 81131 25 29 81131 30 USA

9. Name and Address of Current Registered Agent

Ray Urbania
900 Sylvan Lane
Lake Worth, FL 33461

10. Name and Address of New Registered Agent

81 Name Jan Long
82 Street Address (P.O. Box Number is Not Acceptable) 1164 JASON WAY
83
84 City W. P. Beach FL 85 Zip Code 33406

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 JAN LONG

(Type, print, or printed name of registered agent and date of application)

(Note: Registered Agent signature required when reinstating)

DATE 4/3/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Enilse Schuans-Urbaniak	1.2 NAME	
STREET ADDRESS	142 Moonlight Way (Gen. Deliv.)	1.3 STREET ADDRESS	
CITY-STATE	Crestone, CO 81131	1.4 CITY-ST-ZIP	
TITLE	V.P. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Ray Urbania	2.2 NAME	
STREET ADDRESS	142 Moonlight Way (Gen. Deliv.)	2.3 STREET ADDRESS	
CITY-STATE	Crestone, CO 81131	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE		6.4 CITY-ST-ZIP	

500002138535
-04/10/97--01001--006
***165.00

14. I declare under penalty 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. 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: Ray Urbania (V.P.) 3/24/97 (719) 256-4473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)