5-14-97 B- 7163 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L18111
1. Corporation Name
A NATIVE'S GUIDE, INC.

(9)

FILED
May 14 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 621 SW 21ST TERR., SUITE 5 621 SW 21ST TERR., SUITE 5 FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312-2209					
			3. Date Incorporated or Qualified 09/21/1989	3a. Date of La 04/10/199	ast Report
2. Principal Place of Business 21	28. Mailing Address 26		4. FE! Number 65-0157191	-	Applied For Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	11 7	75 Additional e Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip Country 25	Ζφ 29	Country 30		Yes No	ler s. 199.032,
9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Re	gistered Agent	1
MCBEE, ROBERT E. 1304 CITRUS ISLE		81 Name			
FT. LAUDERDALE FL 33315		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
, it is to be the time in a date.		83			
		84 City		Torl	Zip Code
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent, I am familiar with, and accept the		1 1 1		FLIT	
TITLE D NAME MCBEE, ROBERT E. STREET ADDRESS 1304 CITRUS ISLE ET LAUDERDALE EL	red agent and tele if applicable. (NO S AND DIRECTORS	11. Registored Agent signature required to the state of t	oited when reinstalling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECT Cha	
CITY-ST-ZIP FT CAODERDALE FL	DELETE	1.4 C(TY - ST - ZIP 2.1 TITUE		Cha	nge Addition
NAME	LJ MUIL	22 NAME		الم الم	איי אַרי אַני
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY - ST - ZIP			
TITLE	DELETE	3 1 TITLE		☐ Cha	nge 🔲 Addition
NAME Street address		3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE		Cha	nge Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP			
TITLE NAME	T Drugg			170-	000
INCHILL	DELETE	5 1 TOTLE		☐ Cha	nge Addition
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CITY-ST-ZIP		5 1 TITLE 5 2 NAME 5 3 STREE1 ADDRESS 5 4 CHY - S1 - ZIP	•		
CITY-S1-ZIP TIFLE		5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY - ST - ZIP 6 1 TITLE			

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 logal 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 13 if changed, or on an attachment with an address.

954-792-973