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**

DOCUMENT # M59802 1. Corporation Name

NAT H. YAMRON, INC.

,						
Principal Place of Business Mailing Address						1 (Septem (S) Birth (State (State (State State S
C/O BRUCE YAMRON 1300 3RD ST. SOUTH NAPLES FL 33940		C/O BRUCE YAMRON 1300 3RD ST. SOUTH NAPLES FL 33940			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 09/28/1987
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21		26				65-0013344 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State		City & State	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zip	Coun	ntry		8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Cur		1			10. Name and Address of New Registered Agent
				81	Name	
YAMRON, BRUCE 1300 3RD ST. SOUTH NAPLES FL 33940			-	82	Street Add	ress (P.O. Box Number is Not Acceptable)
			-	83		
				84	City	FL 85 Zip Code
office or r	registered agent, or both, in the St	ate of Florida, Such change was al ligations of, Section 607.0505, Flor	utnorized rida Statu	by ites	tne corporati	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered ad when reinstating)
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE YAMRON, BRUCE		1.1 7(7)	1.1 TITLE 1.2 NAME		. Change Addition
NAME						•
STREET ADDRESS 1300 3RD ST. SOUTH					ADDRESS	
CITY-ST-ZIP			1.4 CIT 2.1 TITI	_	T-ZIP	Change Addition
TITLE	_		2.2 NAI			
NAME STREET ADDRESS					TADDRESS	
STREET ADDRESS CITY-ST-ZIP		•	2.4 CITY-ST-ZIP			
TITLE	DELETE		3.1 TIT	3.1 TITLE		☐ Change ☐ Addition
NAME			3 2 NA	32 NAME		-
STREET ADDRESS			3.3 STF	REET	1 ADDRESS	
CITY-ST-ZIP	·		3.4. CIT		ST-ZIP	☐ Change ☐ Addition
TITLE				4.1 TITLE		. Change Addition
NAME			. 4. 2 NA			
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP TITLE	C DC ETT.		4.4 CIT 5.1 TIT	_	1-217	☐ Change ☐ Addition
NAME		<u> </u>	5.2 NA			
STREET ADDRESS			5.3 STI	REET	T ADDRESS	}
CITY-ST-ZIP			5.4 CIT	Y-\$	T-ZIP	
717) F		DELETE	6.1 TIT	Œ		☐ Change ☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90211 047 ***150.00

941.261.7707