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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P93000001500 (6) **DOCUMENT #**

NATUCK ENTERPRISES, INC.

Principal Place of Business Mailing Address 11291 PARK BLVD. 11291 PARK BOULEVARD SEMINOLE FL 33772 SEMINOLE FL 33772

## **FILED** Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/31/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3162368 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. X Yes \(\square\) No Zip Zip Country 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HOFSTRA, PETER T 8640 SEMINOLE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SEMINOLE FL 34642 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. 13. DELETE TITLE 1,1 TITLE Change Addition NATUCK, JILL D 1.2 NAME NAME CR2E034 11291 PARK BLVD STREET ADDRESS 1.3 STREET ADDRESS SEMINOLE FL CITY - ST - ŽIP 1.4 CITY-ST-ZIP ☐ DELETE Change \_\_\_ Addition 2.1 TITLE TITLE NAME NATUCK, KAREN L 2.2 NAME STREET ADDRESS 11291 PARK BLVD 2.3 STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change Addition 3.1 TITLE TITLE NATUCK, ROBERT M NAME 3.2 NAME 1129 PARK BLVD 3.3 STREET ADDRESS STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.