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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000037773

1. Corporation Name

NATA, INC.

Principal Place	e of Business	Mailing Address				##:## (IIII) (##II (##II)	
13860-23 WELLINGTON TRACE WELLINGTON FL 33414		51 SEABREEZE AVE DELRAY BCH FL 33483		PO NOT WRITE IN	THE SPACE		
US US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
	• •				· ·		
		A SECULAR ADDRESS OF THE SECURAR ADDRESS OF T			05/24/1993 4. FEI Number	1 105	plied For
2. Principal Place of Business 2a. Mailing Address				I **		Applicable	
21 26 Suite Act # atc				65-0418954			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired			
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23	·	28		,	Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye	<u></u>	
24	25	29 3	0		Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent	81	Maria	10. Name and Address of New Regist	erea Agent	
DALI	III DICHADD I		81	Name			
	ILL, RICHARD J.		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
13833 WELLINGTON TRACE					·		
	E-14		83				1
WES	ST PALM BEACH FL 33414		84	Citv		85 Zip C	Code
	•			,		FL	
office or re	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was auti	nonzea by	tne corporati	poration submits this statement for the purpo ion's board of directors. I hereby accept the	appointment as ret	gistered
office or re agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was authorations of, Section 607.0505, Florid ent and title if applicable. (NOTE: R	nonzed by la Statutes egistered Ager	tne corporati	ed when reinstating) DA	TE	
office or reagent. I as SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	e of Florida. Such change was auti- lations of, Section 607.0505, Florid lent and title if applicable. (NOTE: R IND DIRECTORS	la Statutes registered Ager	tne corporati	ion's board of directors. Thereby accept the	TE RS AND DIRECTO	RS IN 12
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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, on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90092 027 ***150.00