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**PROFIT** CORPORATION ANNUAL REPORT

1998

SIGNATURE: YOLALA



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300063896 (3)

NATURAL CONCLUSIONS, INC.

**FILED** Mar 31 1998 8:00am Secretary of State

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3/31/98

| Principal Place of Business  5990 N. FEDERAL HWY SUITE 138 FORT LAUDERDALE FL 33308 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 09/14/1993  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 109/14/1993  Applied For 1109 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State  City & State  Mailing Address  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 09/14/1993  4. FEI Number Applied For Not Applicable Soute, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required  City & State  City & State  6. Election Campaign Financing \$5.00 May Be   |                                |   |  |                     |         |                   |  | ##                   |  |
|---|--------------------------------|---|--|---------------------|---------|-------------------|--|----------------------|--|
| SURFIT LANDERDALE FL 33088 US  STEET AND STEET ALL ADDRESS   S. T. E. 1388   S. T. CALDERDALE FL 33088   S. T. CAL  | Principal Place                | of Business   | Mailing Address  |                     |         |                   | ) (00(103) (10 (B160 (11))) 49/10 60/11 60/11 49/19 61/19 1/19 (12 | J/9 /8*//0 E41: 4881 |  |
| FORT LAUDERDALE FL 33008 US   |                                |   |  |                     |         |                   |  |                      |  |
| S. PRINCIPAL PRINCIPAL STATES AND  |                                |   | •                    | - · - · · · ·       |         |                   | DO NOT WRITE IN THIS SPACE   |                      |  |
| Pincipal Place of Business   2m. Malling Address   4. Fit Number   Applied For Its Number   Appl  | 1.1 T                          |   |  |                     |         |                   |  |                      |  |
| 2. Principal Place of Business   2. A. Maring Address   4. FEI Number   65°-QA41613   Nex Applicable   Nex Applicable   Suite, Api #, etc.   5. Certificate of Status Desired   \$8.75 Additional   Fee Required   City & State   27   City & State   28   City & State   5. Certificate of Status Desired   \$8.75 Additional   Fee Required   City & State   29   City & State   5. Certificate of Status Desired   \$5.00 May Br   Fee Required   City & State   29   City & State   5. Certificate of Status Desired   \$5.00 May Br   Added to Fee Required   \$5.00 May Br   \$5.00 May Br   Added to Fee Required   \$5.00 May Br   \$5.00 M | •                              |   | ••   |                     |         |                   |  |                      |  |
| Supply Su  | 2. Principal Place of Business |   | 2a. Mailing Address  | 2a. Mailing Address |         |                   |  | Applied For          |  |
| SUIC. ACT # ctc   2   20   20   20   20   20   20   20  | 21                             |   | 26   | <del>-</del>        |         |                   | 65-0441613   | Not Applicable       |  |
| Coy & State    Coy & State   Cay & Cay & State   Cay & Sta  |                                | #, etc.   | Suite, Apt. #, etc.  | 4                   |         |                   | & Codificate of Status Desired \$8.                                | 75 Additional        |  |
| Added to Fees   | 22                             |   | 27   | 27                  |         |                   | 6. Certificate of Status Desired Li                                | e Required           |  |
| Zp  | City & State                   |   | City & State   |                     |         |                   | 6. Election Campaign Financing \$5.00 May Be                       |                      |  |
| See   | 23                             |   |  | T                   |         |                   | - Marie Control Control  |                      |  |
| NATIONAL CORPORATE RESEARCH LTD., INC. 1406 HAYS STREET, SUITE 2 TALLAHASSEE FL 32301  80  84 City  FL 85 Zip Code  11. Pursuant to the previsions of Sections 607 0507 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am (amiliar with and accept the obligations of Sections 607 0507, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am (amiliar with and accept the obligations of Sections 607 0507, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am (amiliar with and accept the obligations of Sections 607 0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am (amiliar with and accept the obligations of Sections 607 0506, Florida Statutes, the above-named or originations beared of directors. Thereby accept the appointment as registered agent. I am (amiliar with and accept the obligations of Sections 607 0506, Florida Statutes, the above-named originations beared of directors. Thereby accept the purpose of changing its registered agent. I am (amiliar with and accept the obligations of Sections 607 0506, Florida Statutes, the above-named originations are purposed to the originations as the appear of t  | <del></del>                    | <u>├</u> ──त  | <del>                                     </del>           | $\vdash$            | intry   |                   |  |                      |  |
| NATIONAL CORPORATE RESEARCH LTD., INC. 1406 HAYS STREET, SUITE 2 TALLAHASSEE FL 32301  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 6502 and 607 1508, Florida Statutes, the observations of the provisions of Sections 607 6502 and 607 1508, Florida Statutes, the observations of the observations of the observations of the observation of the observations of the observation of the   | 24                             |   |  | [30]                | T       |                   |  |                      |  |
| 1408 HAYS STREET, SUITE 2 TALLAHASSEE FL 32301  182 Street Address (P.O. Box Number is Not Acceptable)  183 B4 City FL B5 Zip Code  184 City FL B5 Zip Code  185 Zip Code  285 Zip Code   | NA*                            |   |  |                     | 81      | Name              | 10. Hallo and Madress of Non-Hogistotod Agent                      |                      |  |
| TALLAHASSEE FL 32301  83  84 City FL 85 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 agent. I am familiar with and accept the critical Suction 607.0508, Florida Statutes and Interface Statutes.  ISGNATURE  SIGNATURE  OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OF FICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. SCH.AGETER, KATHLEEN  STRETARRESS  STRETARRESS  FT. LAUDERDALE FL  DELETE  1 STITLE  DELETE  2 STRETARRESS  |                                |   | 7 LID., 1110.  |                     | Ш       |                   |  |                      |  |
| 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 agent, or both, in the State of Horida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and familiar with and accept the obligations of, Section 607 0505, Florida Statutes  12.  |                                |   |  |                     | 82      | Street Add        | ress (P.O. Box Number is Not Acceptable)                           |                      |  |
| 1. Pursuant to the provisions of Soctons 607 0502 and 607 1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accept the obligations of, Soctons 607 0505, Floridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Soctons 607 0505, Floridal Statutes and accept the obligations of, Soctons 607 0505, Floridal Statutes and accept the obligations of, Soctons 607 0505, Floridal Statutes and accept the obligations of, Soctons 607 0505, Floridal Statutes, the object of provided name of implanted agent agent as a state of agent and accept the obligations of, Soctons 607 0505, Floridal Statutes, the object of provided name of implanted agent ag  | IAL                            | DATAGOLL IL SEGOT   |  |                     | 83      |                   |  |                      |  |
| 1. Pursuant to the provisions of Soctons 607 0502 and 607 1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accept the obligations of, Soctons 607 0505, Floridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Soctons 607 0505, Floridal Statutes and accept the obligations of, Soctons 607 0505, Floridal Statutes and accept the obligations of, Soctons 607 0505, Floridal Statutes and accept the obligations of, Soctons 607 0505, Floridal Statutes, the object of provided name of implanted agent agent as a state of agent and accept the obligations of, Soctons 607 0505, Floridal Statutes, the object of provided name of implanted agent ag  |                                |   |  |                     | Щ       |                   |  |                      |  |
| 11. Passamt to the provisions of Sections 697 6502 and 697 1508. Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered apont. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes    SIGNATURE   |                                |   |  |                     | 84      | City              | FL (85)  | Zip Code             |  |
| office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and an accept tile obligations of, socion 607 Soc  | 11. Pursuant t                 | o the provisions of Sections 607.0502   | and 607.1508, Florida Statu                                | tes, the a          | bove    | named cor         | rporation submits this statement for the purpose of change         | ing its registered   |  |
| SIGNATURE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D   DELETE   1.1 TITLE  STREET ADDRESS   1.2 STREET ADDRESS   1.3 STREET ADDRESS   1.4 CITY - ST - 2P  TITLE   DELETE   DELETE   2.1 TITLE   Change   Addition   A  | office or re                   | egistered agent, or both, in the State  | of Florida. Such change was:                               | authorize           | d by    | the corpora       | ation's board of directors. I hereby accept the appointmen         | nt as registered     |  |
| Signature, Speed or promot name of magniture and and magniture and the magniture and section of speed and and speed   | •                              | ri laimillar with, and accept the oringe  | mons or, section dot.cocs, in                              | ionua sta           | lulos   |                   |  |                      |  |
| TITLE NAME SCHLAGETER, KATHLEEN 6278 N. FED HWY STE 138 FT. LAUDERDALE FL  TITLE OELETE 21 TITLE OELETE 31 TIT  | SIGNATURE .                    | Signature, typed or printed name of registered light                              | ON) richepidge in end been in                              | II. Registere       | d Ager  | nt signature requ | uired when reinstating) DATE                                       |                      |  |
| NAME STRET ADDRESS 6278 N. FED HWY STE 138 STRET ADDRESS FT. LAUDERDALE FL 13. STRET ADDRESS FT. LAUDERDALE FL 14. CITY-ST-2P 14. Thereby certify that the information supplied with this filing does not quality for the exemption asserties of the service process in Sacreting and in Section 119.07(3)(i), Florida Statues. If further certify that the information is upplied with this filing does not quality for the exemption asserties of the service bed as firmed a upplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statues. If further certify that the information is upplied with that I am an an insertion of the service bed as firmed a upplied with that I am an an insertion of the service bed as firmed a upplied with that I am an an insertion of the service bed as firmed a upplied to the service bed as firmed a upplied with that I am an insertion and the service bed as firmed a upplied with that I am an insertion and the service bed as firmed a upplied with that I am an insertion and the service bed as firmed a upplied with that I am an insertion and  | 12.                            | OFFICERS AND  | DIRECTORS  | 13.                 |         |                   |  |                      |  |
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| Addition   Change   | NAME                           |   |  | 1.2 N               | IAME    |                   |  |                      |  |
| TITLE   | STREET ADDRESS                 |   |  | 1.3 S               | TREET   | ADDRESS           |  | İ                    |  |
| NAME  | CITY-ST-ZIP                    | FT. LAUDERDALE FL   |  | 1.4 0               | ITY-SI  | (-ZIP             |  |                      |  |
| 2   STREET ADDRESS   2   4   CITY - ST - ZIP  | TITLE                          |   | ☐ DELETE   | 2.1 T               | ITLE    |                   | <b>└</b> Cha   | inge L. Addition     |  |
| CITY-ST-ZIP   | NAME                           |   |  | 2.2 N               | IAME    | 1                 |  |                      |  |
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| CITY-ST-ZIP  ### A CITY-ST-ZIP    DELETE  |                                |   |  |                     |         | _ [               |  |                      |  |
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| NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Addition  DELETE  6.2 NAME  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  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 and the property and the same level effect as if made under path; that I am an an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect   |                                |   | bereze   |                     |         | r-ZIP             | I ch   | anna Addition        |  |
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| CITY-ST-ZIP  54 CITY-ST-ZIP  61 TITLE  62 NAME  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  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 and the same level effect as if made under path; that I am an an an analysis of the same level effect as if made under path; that I am an an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an an analysis of  | i                              |   |  |                     |         |                   |  |                      |  |
| TITLE  NAME  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  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 and the same level effect as if made under path; that I am an an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if made under path; that I am an analysis of the same level effect as if mad  |                                |   |  |                     |         |                   |  |                      |  |
| NAME  52 NAME  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information are considered and that musignestive shall have the same level effect as if made under path; that I am an information is the considered and that musignestive shall have the same level.   |                                |   | DELETE   | _                   |         | r- ZIP            | Псь  | anne Addition        |  |
| STREET ADDRESS  CITY-ST-ZIP  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 has been provided and that my signature shall have the same legal effect as if made under path; that I am an   |                                |   | □ NSTELF   |                     |         |                   | Cn   | ango Li Audition     |  |
| 6.4 CITY-ST-ZIP  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 in 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 is the same level as if made under path; that I am an information is 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 is supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information is supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information is supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information is supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information is supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information is supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information is supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information is supplied with the information is supplied w  |                                |   |  |                     |         |                   |  |                      |  |
| 14. Thereby 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 and that my signature shall have the same local effect as if made under path; that I am an   |                                |   |  |                     |         |                   |  |                      |  |
|   | CITY-ST-ZIP                    | portific that the intermetion number w  | ith this filing dose not availa-                           | 6.4 (               | CITY-S  | I-ZIP             | in Section 119 07(3)(i) Florida Statutes I further certify the     | at the information   |  |
| officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if Florida Statutes; and that my name appears in  |                                |   |  |                     |         |                   |  |                      |  |
|   | officer or                     | director of the corporation or the rece<br>or Block 13 if changed, or on an attai | eiver or trustee empowered to<br>chillent with an address. | execute             | this i  | eport as re       | equired by Chapter 607, Florida Statutes; and that my nam          | не appears in        |  |