SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 20 AM 10: 32

DOCUMENT # **P94000004336 (1)**

1. Corporation Name
NATURAL GLO IMPORT-EXPORT, INC.
~~NATURAL GLO IMPORT-EXPORT, INC.~~
SYNOVIA, INC.

Principal Place of Business	Mailing Address
~~3561 MCCOMB LANE~~ ~~BONITA SPRINGS FL 33923~~	US TAX ACCOUNTING ING 869-B 97 NORTH NAPLES FL 33963 US

3. Date Incorporated or Qualified: 01/10/1994
3a. Date of Last Report: 02/16/1995

2. Principal Place of Business	2a. Mailing Address
21 3764 DOMESTIC AVE	26 184 TURSE LAKES CIR
22 Suite, Apt. # etc	27 Suite, Apt. #, etc #8
23 City & State NAPLES FL.	28 City & State NAPLES, FL
24 Zip 33942 25 Country USA	29 Zip 34104 30 Country

4. FEI Number: 65-0488782 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NICKEL, GUDRUN M P.A.
350 FIFTH AVENUE SOUTH, #200
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: MEHRBRODT, WERNER
82 Street Address (P.O. Box Number is Not Acceptable): 3561 MC COMB LN
83
84 City: BONITA SPRINGS FL 85 Zip Code: 34134

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: MEHRBRODT, WERNER X 9-6-96
Signature, type or print name of person signing and title if applicable — (If the Registered Agent is an artificial entity listed above, an officer or authorized person must sign.) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST MEHRBRODT, WERNER R 3561 MCCOMB LANE BONITA SPRINGS FL 33923	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DT 200001957292 -09/26/96--01005--028 ****375.00 ****375.00 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EHMKE, UTA E 3561 MCCOMB LANE BONITA SPRINGS FL 33923	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	P OETTING, BERNARD 184 TURSE LAKES CIR. #8 NAPLES, FL, 34104 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	S OETTING, GABRIELA 184 TURSE LAKES CIR. #8 NAPLES, FL, 34104 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gabriela Oetting, Pres. 9-11-96 941-352-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #