

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Martin Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000006947 (3)		
1. Corporation Name NATURAL ENERGY/PLUS, INC.		

APPROVED
AND
FILED

95 MAR 30 PH 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3615 DUNBAR PLACE SARASOTA FL 34239		Mailing Address 2323 Alpine Ave SARASOTA, FL 34239	2323 Alpine Ave SARASOTA, FL 34239	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 01/27/1994	3a. Date of Last Report
2. Principal Place of Business 21 2323 ALPINE AVE Suite, Apt. #, etc.		2a. Mailing Address 26 2323 Alpine Ave Suite, Apt. #, etc.	4. EFT Number 65-0479617	Applied For Not Applicable	
22		27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23 SARASOTA FL		City & State 28 SARASOTA, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24 34239	Country 25 SARA.	Zip 29 34239	Country 30 SARA	8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent TAAFFE, MICHAEL S 240 S PINEAPPLE AVENUE 9TH FLOOR SARASOTA FL 34236			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City	EI	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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, CHRISTINE	12 NAME	
STREET ADDRESS	2016 DUNCAN PLACE 2323 Alpine Ave	13 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL 34239	14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the beneficiary certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110-073(jk). I, Linda 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 made under oath that I am a provider or director of this corporation or its manager or trustee empowered to execute this report as required by Chapter 1007, I, Linda Statutes, and that my name appears in Block 12 or Block 13 changed to my attorney's name and address.

SIGNATURE: *Christine L Hart*
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR

3/27/95 Trident
Date Editorial Review