

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PH 2: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065377 (1)

1. Corporation Name

NATURE BY DESIGN OF HOLLYWOOD, INC.

Principal Place of Business

5921 HALLANDALE BEACH BLVD
HOLLYWOOD FL 33023

Mailing Address

5921 HALLANDALE BEACH BLVD
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/05/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 County

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 County

4. FEI Number

65-0515841

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 G. 100.002, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

DELAFLOR, NEIL
1027 PENNSYLVANIA AVE #201
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 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 constituting)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	SEC.
NAME	Lillian DeLaFlor
STREET ADDRESS	1185 NW 90th Fernbrook Pines Cir
CITY ST ZIP	
TITLE	Vice Pres. Treasurer
NAME	Neil DeLaFlor
STREET ADDRESS	1185 NW 90th Fernbrook Pines
CITY ST ZIP	
TITLE	Robert Felix PR'S
NAME	
STREET ADDRESS	1185 NW 90th Fernbrook Pines
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

REMITTED BY MAY 1995
5/1/95
MST
Deposited by Bank

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)(b), 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.

SIGNATURE:

Lillian DeLaFlor

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-2995-1305
719 981 4600