FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Sep 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P94000070530 (8)**

1. Corporation Name
LENATUREL INTERNATIONAL, INC.

Principal Place of Business

[redacted]

Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **341 North Maitland Avenue**
Suite, Apt. #, etc.
22 **Suite 340**
City & State
23 **Maitland, Florida**
Zip 24 **32751** Country 25 **USA**

2a. Mailing Address
26 **Post Office Drawer 7540**
Suite, Apt. #, etc.
27
City & State
28 **Maitland, Florida**
Zip 29 **32794-7540** Country 30 **USA**

3. Date Incorporated or Qualified
09/23/1994

4. FEI Number
59-3268959
[ ] 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 owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

[redacted]

10. Name and Address of New Registered Agent

81 Name
Philip Tatich
82 Street Address (P.O. Box Number is Not Acceptable)
341 North Maitland Avenue
83
Suite 340
84 City **Maitland** **FL** 85 Zip Code **32751**

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
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating)
1/15/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PSD** **TURNER, WESLEY G** **41 MOORES FARM ROAD** **COVINGTON GA**	[ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP: PSD TURNER, G. WESLEY
		[X] Change [ ] Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP
		[ ] Change [ ] Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP
		[ ] Change [ ] Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP
		[ ] Change [ ] Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP
		[ ] Change [ ] Addition	800002541638 08 -09/22/98--01051--036 ***550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP
		[ ] Change [ ] Addition	PE 9.18

CR2E034 (10/97)

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, or on an attachment with an address.

[redacted] 1-15-98