PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000070530

1. Corporation Name

LENATUREL INTERNATIONAL, INC.

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90145 035 ***150.00



	•									
Principal Place of Business Mailing Address							7 10011007 110 10111 01011 01111 01111			
341 NORTH MA SUITE 340	ITLAND AVE		P.O. BOX 7540 MAITLAND FL 32794-7540							
MAITLAND FL 32751						DO NOT WRITE	DO NOT WRITE IN THIS SPACE			
						3	Date Incorporated or Qualifed 09/23/1994			
2. Principal Pl	lace of Business	2a. Mail	ing Address			4	. FEI Number		Appl	ied For
21		26	-			Ì	59 -3268959		Not.	Applicable
Suite, Apt	#, etc		e-Apt.#:.etc				. Certificate of Status Desired	\$8.	7.5 :Ad	lditional —
22		27				9	. Certificate of Status Desired	□ Fe	e Req	uired
City & State	8	City	& State			6	6. Election Campaign Financing	\$5	.00 M	lay Be
23		28					Trust Fund Contribution	Ad	ded to	Fees
Zip	Country	Zip		Country		8	. This corporation owes the currer	nt year Intangible		
24	25	29	30	7			Personal Property Tax.	☐ Yes]No
	9. Name and Address of Current	Registered	Agent			10). Name and Address of New Re	gistered Agent		
				81	Name					
TATICH, PHILIP ESQ			82	Street	Address (P.O. Box Number is Not Acceptable	le)			
341 NORTH MAITLAND AVE			62	Sueer	Audiess ((F.O. BOX Number to Not Acceptable	,			
SUITE 340				83			, , , , , , , , , , , , , , , , , , , ,			
MAITLAND FL 32751			ļ	<u> </u>				7: 0		
				84	City			FL 85	Zip Co	oae
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida, Su	ich change was auth	orized by	the corpo	corporation's t	on submits this statement for the puboard of directors. I hereby accept	the appointment	g its regi	egistered stered
OIONATORE	Signature, typed or printed name of registered agent	and title if applic	able. (NOTE: Re	gistered Ager	it signature r	equired wher		DATE		
12.	OFFICERS AND) DIRECTO		13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIRE		
TITLE	PSD		☐ DELETE	1.1 TITLE		Tuenz	er, G. Wesley. I	ES Chi	ınge	☐ Addition
NAME	TURNER, G. WESLEY			1.2 NAME		l	Wimbledon Drive			
STREET ADDRESS	41 MOORES FARM ROAD			1.3 STREET	AUUNESS					
CITY-ST-ZIP	COVINGTON GA			1.4 CITY-S	r-zip	Lake	Mary, Florida 32746			
TITLE	-		☐ DELETE	2.1 TITLE				☐ Cha	ınge	☐ Addition
NAME	_			2.2 NAME						
STREET ADDRESS				2.3 STREE	ADDRESS		· · ·			•
CITY-ST-ZIP				2.4 CITY-9	T-ZIP					
TITLE			☐ DELETE	3.1 TITLE				☐ Cha	inge	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET	ADDRESS					
CITY-ST-ZIP				3.4. CITY-9	T-ZIP	ļ				
TITLE			☐ DELETE	4.1 TITLE				☐ Chi	ange	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	ADDRESS	ĺ				

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 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

DELETE

☐ DELETE

☐ Addition

Addition

Change

Change