

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000082349 (9)

1. Corporation Name
DELIGHTS OF NATURE, INC.

Principal Place of Business
10090 BAY HARBOR TER
BAY HARBOR ISLANDS FL 33154

Mailing Address
10090 BAY HARBOR TER
BAY HARBOR ISLANDS FL 33154
17608 COLLINS AV.
N.M.B. FL 33160

97 AUG 19 AM 9:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/10/1994 3a. Date of Last Report 05/01/1996

4. FEI Number 65-0532747 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

RAN, MEIR
10090 BAY HARBOR TER
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name RAN MEIR
82 Street Address (P.O. Box Number Is Not Acceptable) 17608 COLLINS AV.
83
84 City N.M.B. - FL 85 33160

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME RAN, MEIR
STREET ADDRESS 10090 BAY HARBOR TER
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
600002272896--2
-08/20/97--01108--024
****165.00 ****165.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

CR2E034 (4/97)

Delights of Nature
17608 COLLINS AV.
N.M.B. FL 33160.

8/10/97

(2)

Re - CORPORATION Fee.
ATT. Division of CORP.

IN REFERENCE TO MY CONVERSATION WITH
THE OFFICE I AM WRITING THIS LETTER
ABOUT THE LATE FEE I RECEIVED FOR
THE 1997 CORP. FEE. I RECEIVED
THE LATE NOTICE BECAUSE YOUR
OFFICE MAILED THE PAYMENT NOTICE
TO THE WRONG ADD.

I AM SENDING A COPY OF THE ENVELOPE
WITH MY NEW ADDRESS AND \$165
WHICH YOUR OFFICE TOLD ME.

YOURS TRULY,