

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000082964 (5)

1. Corporation Name

NATIVE EXPERIENCE, INC.

Principal Place of Business

17445 LEBANON RD
FT MYERS FL 33912

Mailing Address

17445 LEBANON RD
FT MYERS FL 33912



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 18550 Rosewood Rd	26 P.O. Box 243
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Fort Myers FL	28 ESTERO FL
Zip	Zip
24 33912	29 33928-0243
Country	Country
25 LEE	30 LEE

3. Date Incorporated or Qualified	11/14/1994
4. FEI Number	65-0535065
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

JOHN E. RYAN
17041 BERMUDA DUNES DRIVE
FT. MYERS FL 33912

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 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

OFFICERS AND DIRECTORS

12.	<input type="checkbox"/> DELETE
TITLE	P
NAME	KUSTRA, DAVID E
STREET ADDRESS	17445 LEBANON RD
CITY-ST-ZIP	FT MYERS FL 33912
TITLE	TS
NAME	RYAN, MICHAEL P
STREET ADDRESS	17445 LEBANON ROAD
CITY-ST-ZIP	FT. MYERS FL 33912
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	P
1.2 NAME	KUSTRA, DAVID E
1.3 STREET ADDRESS	18550 ROSEWOOD ROAD
1.4 CITY-ST-ZIP	FORT MYERS FL 33912
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: *Michael P Ryan* Scott Truss 3-10-98 267-5155

CR2E034 (10/97)