

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.)

1082

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP -5 AM 11: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P95000025592 (3)

1. Corporation Name

NATURAL CREATIONS INTERNATIONAL ORAL DESIGN STUD  
IO INC.

Principal Place of Business

358 CRYSTAL RIDGE WAY  
LAKE MARY FL 32746

Mailing Address

358 CRYSTAL RIDGE WAY  
LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/30/1995	3a. Date of Last Report 02/26/1996
4. FEI Number 36-3899301	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 6839 Hidden Glade Pl Suite, Apt. #, etc. 22 City & State Sanford FL Zip 32771	2a. Mailing Address 26 6839 Hidden Glade Pl Suite, Apt. #, etc. 27 City & State Sanford FL Zip 32771
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9. Name and Address of Current Registered Agent

FISCHER, RON  
358 CRYSTAL RIDGE WAY  
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name Fischer, Ron
82 Street Address (P.O. Box Number is Not Acceptable) 6839 Hidden Glade Pl
83
84 City Sanford
85 Zip Code 32771

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 Ron Fischer RON FISCHER 9/1/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE P FISCHER, DOLORES 358 CRYSTAL RIDGEWAY LAKE MARY FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Fischer, Dolores 6839 Hidden Glade Pl Sanford FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000002288030- -03/09/97--01026--018 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (4/97)

2082

# Natural Creations

International Opal Design Studio, Inc.

6839 Hidden Glade Place • Sylvan Lake Reserve, Florida 32771  
800-328-4210

Dear Sirs,

On Dec 1, 1996, I sent you a letter notifying you of our new address. I never received the first report. However, we did received the second report with our new address. You must have received our original letter because the second report was correctly addressed. I feel it is unfair to charge us 550.00 as a penalty when it seems clear that you had the new address all along. I have enclosed 165.00 as original filing fee. Please review copies of enclosures.

Sincerely,