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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046173 (7)

NATURAL ACCENT, INC.

FILED Feb 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				E HEDINOOL AID LOUGE BYELL BOLLE BOLLE BOLLE BLACK OLEHE BINDI TIDIT KODED AITE DEGE
S821 GATEWOOD DRIVE 4509 BEE RIDGE RE SARASOTA FL 34232 SUITE B SARASOTA FL 3423			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified
2 Principal P	lace of Business	28. Mailing Address		06/14/1995 4. FEI Number Lapplied For
21	NIOU OF ENGINESS	26		4. FEI Number Applied For 65-0599351 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			S8 75 Additional	
27				5. Certificate of Status Desired Fee Regulred
City & State		City & Steto		Election Campaign Financing \$5.00 May Be
Zip	Country	7ip	Country	Trust Fund Contribution Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
WHITE, JUNE			81 Nan	ne
3115 51ST ST.		82 Stre	et Address (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34234			83	
İ			64 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-				ed corporation submits this statement for the nurnose 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	=			
12.	Signature, typind or printed name of registered as OFFICERS At	gent and title l'applicable (A ND DIRECTORS	NOTE Registered Agent signa 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 THILE	Addition
NAME	WHITE, JUNE		1.2 NAME	
STREET ADDRESS	3821 GATEWOOD DR.		1.3 STREET ADDRES	s 3115 518t. Street Sarasota FL 34234
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY-ST-ZIP	Sarasota FL 34234
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRES	S
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - \$T - ZIP 3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	s
CITY-ST-ZIP			3.4. CITY+ST-ZIP	
TITLE	- ····	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition .
NAME			4. 2 NAME	
STREET ADORESS			4.3 STREET ADDRES	S
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			53 STREET ADDRES	s
CITY-ST-ZIP			5 4 CITY-ST-ZIP	·
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	s
CITY-SY-ZIP		The second second	6.4 CITY-ST-ZIP	phod in Codion 110 C7/2VI). Florida Chabulas I furber annille that the information

4. I bereby certify that the information supplied with this filling 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:

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