
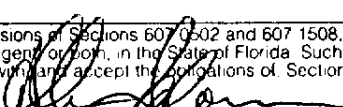


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000060365 1. Corporation Name NATURAL RESOURCE PROTECTION CORPORATION					
Principal Place of Business 603 Monroe Avenue Cape Canaveral, FL 32920			Mailing Address		
2. Principal Place of Business 21 P.O. Box 1908 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/04/95	
22 City & State 23 Cocoa, FL Zip 24 32923		27 City & State 28 Zip 29 USA		4. FEI Number 59-3408084 Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		32		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent David L. Schick 201 E. Pine Street, Suite 1200 Orlando, FL 32801			10. Name and Address of New Registered Agent 81 Name Allan Salovin 82 Street Address (P.O. Box Number is Not Acceptable) 777 S. Flagler Drive 83 Suite 300 East 84 City West Palm Beach FL 85 Zip Code 33401		
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  Allan Salovin 4/17/98 Signature of the person who is the registered agent and the corporation (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DPT <input checked="" type="checkbox"/> DELETE NAME Rick Schuman STREET ADDRESS 603 Monroe Ave. CITY-ST-ZIP Cape Canaveral, FL 32920			1.1 TITLE DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Colin Clapton 1.3 STREET ADDRESS 480 Cox Road 1.4 CITY-ST-ZIP Cocoa, FL 32926		
TITLE C <input checked="" type="checkbox"/> DELETE NAME Claude Kirk STREET ADDRESS 603 Monroe Ave. CITY-ST-ZIP Cape Canaveral, FL 32920			2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME William Ellis 2.3 STREET ADDRESS 480 Cox Road 2.4 CITY-ST-ZIP Cocoa, FL 32926		
TITLE D <input checked="" type="checkbox"/> DELETE NAME Robert Eckhart STREET ADDRESS 603 Monroe Ave. CITY-ST-ZIP Cape Canaveral, FL 32920			3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME George Williams 3.3 STREET ADDRESS 480 Cox Road 3.4 CITY-ST-ZIP Cocoa, FL 32926		
TITLE D <input checked="" type="checkbox"/> DELETE NAME Herbert S. Hall STREET ADDRESS 603 Monroe Ave. CITY-ST-ZIP Cape Canaveral, FL 32920			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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

CR2E034 (10/97)