	MENT # P95000		RT (UBF	2)		FILE		
1. Entity Name NATURAL RESOURCE PROTECTION CORPORATION					Jun 09, 2000 8:00 am Secretary of State			
		CONTON	1100			00 90016 0		
2133 N	eofBusiness . Dixie Hwy uderdale, FL 33305	Mailing Address 2133 N. Dix Ft. Lauderd US		33305	00-09-20	00 90010 0		30.00
2. Principal Place of Business 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-3408084			oplied For ot Applicable
Zip	Country .	Zip	Country	_	Certificate of Status Desired	É É	8.75 Add	
	6. Name and Address of Current R	egistered Agent	Name	7.	Name and Address of New	Registered Ag	jent	
rank H 2133 N		idress (P.O.	Box Number is Not Acceptabl	e)				
't. Lau	uderdale, FL 3330	5	· · · · · ·		· · · · · · · · · · · · · · · · · · ·			
			City		;	FL	Zip Cod	e
Tax filing re	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	d title if applicable. (NOTE	والاستركاب المعتي المتشار مستحد تربي وهيئا المهار	re required when			\$5.0	0 May Be I to Fees
11.	OFFICERS AND D	IRECTORS	12.		DDITIONS/CHANGES TO OF	FICERS AND D	DIRECTOR	
ITLE ANAE TREET ADDRESS ITY-ST-ZIP	President Ellis, William 2133 N. Dixie Hwy		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2133	thers, David N. Dixie Hwy auderdale, FI		Change	<b>X</b> Addition
TLE AME IREET ADDRESS ITY-ST-ZIP	Ft. Lauderdale, F Vice-President Frank Hughes 2133 N. Dixie Hwy	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>rt.</u> 1	<u>auderdale, fr</u>		Change	Addition
TLE AME IREET ADDRESS ITY-ST-ZIP	Ft. Lauderdale, F	L <u>33305</u> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 1477- -		Change	Addition
TLE Ame Treet address ITY-ST-ZIP		Delete	TITLE NAME Street Address City-St-Zip	-			Change	Addition
TLE Ame Treet address Ity-st-zip	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	Change	Addition
ITLE IAME ITREET ADDRESS ITTY-ST-ZIP		Delete	TITLE NAME - STREET ADDRESS CITY - ST- ZIP			[	Change	Addition
اسمغ معالم ما	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy or on an attachment with an address, wi	rue and peoplicate and that r	iy signature shall h as required by Cha	ave the cam	e legal effect as if made under wida Statutes; and that my nan	Oato: toat Latt	гап ошсег	
SIGNAT		INTED NAME OF SIGNING OFFICER OF	k Hughes		04/25/00 Date		) 565- time Phone #	-6148