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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 04 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P95000078788 (3)

NATUR	E COAST ENTERPRISES, I	NU:						
Principal Plac	e of Business	Mailing Address				- L TOEKKERN SING PANGE ATHIR GOVEN BERLY, BARKA ORBINI COER	i i fili i <b>i fil</b> i	(B)(0)   [B)(1 )   BB(
2705 HIGHWAY 44 WEST 2705 HIGHWAY 44 WEST								
INVERNESS FL 34450 INVERNESS FL 34450			)					
						DO NOT WRITE IN THIS S	SPACE	· · · · · · · · · · · · · · · · · · ·
						3. Date Incorporated or Qualified		
						10/12/1995		
2. Principal P	2a. Mailing Address	ailing Address			4. FEI Number		Applied For	
21	4	26		59-3341571		Not Applicabl		
Suite, Apt.	W. etc.	Suite, Apt. #, etc.	ъште, Apr. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	Δ	City & State	<del> </del>					<del></del>
23	•	28				6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country	Zip	Cour	ntrv		This corporation owes or has paid the current of the current		
24	25	29	30	···· ,			Yes	□ No
141	9, Name and Address of Currer		1301			10. Name and Address of New Registered		
All	VANO, ANTHONY S			B1	Name			
	05 HIGHWAY 44 WEST					70.00		
	ERNESS FL 34450			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	ENITES IE 34430		ŀ	83				
			Ĺ	_				
			- [	84	City	FL	<b>85</b>   Zi	ip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	ites, the ab	ove-r	named corpo		changing	a its registered
office or r	egistered agent, or both, in the State	of Florida Such change was	authorized	by th	he corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appropriate the property of the purpose of th	ointment	as registered
	irn tamılar with, and accept the oblig	alions of, Section 607.0505, F	nonda Siail	utes.				
SIGNATURE	Signature, typed or printed name of registered age	ent and title it applicable (NC	TF: Registered	Anent	alonature remuke	kd when reinstating) DATE		
12.		ND DIRECTORS 13		· · · · · · · · · · · · · · · · · · ·	ang rates violates	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	PST	DELETE	1.1 10	LE			Chang	
NAME	SALVANO, ANTHONY S		1.2 NA	ME				
STREET ADDRESS	2705 HIGHWAY 44 WEST		1.3 \$17	RÉÉT AD	ODRESS			
CITY-ST-ZIP	INVERNESS FL 34450	ERNESS FL 34450		1.4 CITY-ST-ZIP				
TITLE	V	DELETE	2.1 717			· · · · · · · · · · · · · · · · · · ·	☐ Chang	e Addition
NAME	SLAVANO, SUZETTE	VANO, SUZETTE 2		ME				
STREET ADDRESS	% 2705 HIGHWAY 44 WEST		2 3 STREET ADDRESS		DAESS	a#A .		
CITY-ST-ZIP	INVERNESS FL 34450		2.400	IY - ST -	ZIP			
TITLE		DELETE	3.1 TIT				Chang	e Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 STF	REET AD	DRESS			
CITY-ST-ZIP			3.4. CI	TY-ST-	ZIP			
TITLE		☐ DELETE		4.1 TITLE			Chang	e Addition
NAME			4. 2 NA	4. 2 NAME				
STREET ADDRESS			4.3 STF	4.3 STREET ADDRESS				
CITY-ST-ZIP				Y-ST-				
TITLE		☐ DELETE	5.1 TIT				Chang	e Addition
NAME			5.2 NA	ME				
STREET ADDRESS				REET AD	DRESS			
CITY-ST-ZIP					1			
TITLE				5.4 CITY-ST-ZIP 6.1 TITLE			Chang	e Addition
NAME			6.2 NA				- •	
STREET ADDRESS				ALEET ALD	INRESC			
STATE OF THE PARTY OF			0.3 31	······································	15/16/00			

14. Thereby 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 impowered 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 a address.

4/18/11