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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

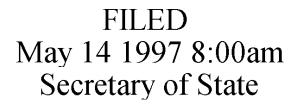
POCUMENT # P96000013870 (6)

NATIVES INTERNATIONAL, INC.

	Business

Mailing Address

2509 CARTER GROVE CIRC





WINDERMERE FL 34788			WINDERMERE FL 34786-3417								
									3. Date Incorporated or Qualified 02/13/1996	3a. Date of Last	. Report
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Applied For	
21				26 c/o Johanna Fox, CPA, Inc.			PA, Inc	• 59-3362875		Not Applicable	
Suite, Apt. #, etc.				Suite 907 #Paris Road				5. Certificate of Status Desired \$8.75 Additional			
22				27				Fee Required			
City & State			-	City & State 28 Mayfield, KY				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip		Country			b iarrein'		Country		Trust Fund Contribution		
24	-	5	Ì	29	42066	30	USA		This corporation has liability for Florida Statutes	intangible tax undel Yes 🔀 No	r s. 199.032,
[24]			of Current R			30	7	3	10. Name and Address of New Re		
DUR	RUTHY, AN	GELA					81	Name		·	
2509 CARTER GROVE CIRCLE						92	82 Street Address (P.O. Box Number is Not Acceptable)				
	DERMERE F					52 Sirect Address (P.O. Box Number is Not Addeptable)					
							83				
							84	City		as 7:	p Code
							104	City		FL 85 Zi	p Code
11. Pursuant to office or reagent. I as	to the provisio egistered age m familiar with	ins of Section int, or both, in in, and accept	s 607,0502 a the State of the obligatio	nd 607. Florida ns of, S	.1508, Florida Sta Such change w ection 607,0505	atutes, the as author , Florida :	e abov ized b Statute	e-riamed cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of changing of the appointment	g its registered as registered
SIGNATURE				1				···		·	
12.	Signature, lypind p		CERS AND D				aered Ag	ont signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE SERS AND DIRECTO	ORS IN 12
TITLE	D		JENO MILO D	TITE OTC	DELETE		1 1011		7.55(1.616)6711111026 7.5 01111	Chang	
NAME	DURRUTH	Y, ANGELA			—	1,	2 NAME	ſ			
STREET ADDRESS		TER GROVE	CIRCLE					ADDRESS			
CITY-ST-ZIP		ERE FL 347				1	4 CITY - S				
TITLE	D				DELETE		THE			☐ Chang	e 🔲 Addition
NAME	DURRUTH					2	2 NAME				
STREET ADDRESS		ter grove				2	.3 STREE	ADDRESS			
CITY-ST-ZIP	WINDERM	ere fl 347	86			2	. 4 CITY -	\$1-2IP			
TITLE					☐ DELETE	3	.1 TITLE			☐ Chang	e Addition
NAME						3	.2 NAME				1
STREET ADDRESS						3	3 STREET	ADDRESS			
CITY-ST-ZIP						3	4. CITY-	ST-ZIP			
TITLE					☐ DELETE	4	A THLE	Ì		☐ Chang	e 🔲 Addition
NAME						4	. 2 NAME				
STREET ADDRESS						4	.3 STREE	ADDRESS			1
CITY-ST-ZIP					T and		.4 CITY - 9	ST - 7IP			F-1-2-111
TITLE					☐ DELETE		.1 11116			☐ Chang	e 🔲 Addition
NAME							.2 NAME				
STREET ADDRESS						1		ADDRESS			
CITY-ST-ZIP					DELETE		4 CITY- 5	ST-ZIP		Dhana	A Addition
TITLE					FT DETER		1 TITLE			☐ Chang	e 🔲 Addition
NAME STORET ADDRESS							2 NAME				
STREET ADDRESS								ADDRESS			
CITY-ST-ZIP						9 6	.4 Off y - :	S1- ZIP			

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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 0 or on an attact floor, with an address

Angela Durruthy

4/30/97 (407)352-0227