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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90003 030 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000013870

STREET ADDRESS

NATIVES INTERNATIONAL, INC.

Principal Place	of Business	Mail	ing Address							
401 MAIN ST		120					1			
STE D			STE 189				DO NOT WRITE IN THIS SPACE			
WINDERMERE FL 34786			MAYFIELD KY 42066				3. Date Incorporated or Qualifed			
US	•	US					02/13/1996			
									Δn	plied For
2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number		<del></del>	t Applicable
_		26					59-3362875			
21			Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
Suite, Apt. #	s, etc.	27	•				5. Certificate of States			quireo
22			City & State				6. Election Campaign Financing		\$5.00	
City & State	•	<b>⊢</b>	City & Ctato				Trust Fund Contribution	u	Added t	o Fees
23		28	7:-	Cou	intry		8. This corporation owes the curre	nt year Intau	ngible	
Zip	Country	<b>├</b> ─┐	Zip		y		Personal Property Tax.	]	Yes	□No
24	25	29		30		<del></del>	10. Name and Address of New Re	gistered A	gent	
	9. Name and Address of Curr	rent Regist	ered Agent		81	Name	10. Name and see			
	The second of		4.4		**					
DURF	RUTHY, ANGELA				82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
2509 CARTER GROVE CIRCLE						_	ومعرا والمراجع المراجع المراجع المراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع	4 85 B + 27 - 7	ACE 1025 (2011)	1202 AD 1100
	DERMERE FL 34786				83					
*****	DELINIER LE GROO				$\Box$			11 38 114 1141	85 Zip	Code
	•				84	City		FL	11	
					لب		poration submits this statement for the on's board of directors. I hereby accep	ourpose of o	hanging its	registered
110	egistered agent, or both, in the Sta m familiar with, and accept the obl	1								
SIGNATURE	Signature, typed or printed name of registered	agent and title it		OTE: Registere	d Agen		ed when reinstating) , (5, 5)	DATE	D DIRECT	ORS IN 12
	Signature, typed or printed name of registered OFFICERS	agent and title it	CTORS	OTE: Registere	d Agen		ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
12.	OFFICERS	agent and title it		OTE: Registere	d Agen		ad when reinstating) (1) (2) (5) ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12
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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 adachment with an address, with all other like empowered.