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Apr 04 1997 8:00am

Secretary of State

Gainesville, FL 32604-



082412

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P96000058692 (0)

1. Corporation Name
ALMA NATURA, INC.

Principal Place of Business
P.O. BOX 13512
GAINESVILLE FL 32604

Mailing Address
P.O. BOX 13512
GAINESVILLE FL 32604-1512

2. Principal Place of Business

2a. Mailing Address

21 Cedar Key Canvas Co

26 525 Second St.

22 P.O. Box 659

27 Suite, Apt #, etc.

23 Cedar Key, FL

28 City & State

24 32625

25 Levy

29 Zip

30 Country

3. Date Incorporated or Qualified
07/11/1996

3a. Date of Last Report

4. FEI Number

59-3387334

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, CECILIA W
213 NW 20 TERRACE
GAINESVILLE FL 32603

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME R. Joseph Hatin

STREET ADDRESS 525 Second St.

CITY-ST-ZIP CEDAR Key, FL 32625

2.1 TITLE

NAME Vice-President

STREET ADDRESS Cecilia W. King-Hatin

CITY-ST-ZIP 525 Second St

Cedar Key, FL 32625

3.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE:

R. Joseph Hatin

3-2-97

352-543-5198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0068472

CR2E034 (9/96)