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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000089948 1. Corporation Name

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90214 007 \*\*\*150.00

NATUHE	COAST CLAMS, INC.						
Principal Place	of Business	Mailing Address				B B   U  Q 10110  U  1	EIEBI (BIL 188)
•		12490 NW 90TH AVE					
12490 NW 90TH AVE CHIEFLND FL 32626 CHIEFLND FL 32626 CHIEFLND FL 32626					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
					10/31/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21					59-3407224		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee R	equired
City & State	e	City & State		<del></del>	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		_
24	25	29 3	0		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent	
,	ADLE JEFFDEV A		81	Name			
VENABLE, JEFFREY C			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	00 NW 90TH AVE						
CHIE	FLND FL 32626		83				
			84	City		85 Zip	Code
					poration submits this statement for the purpos	FL	
office or r	opietorod agent or both in the State	of Florida, Such change was aut	norizea DV	the corporati	ion's board of directors. I hereby accept the a	ppointment as r	egisterea
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	ia Statutes				
agent. I a SIGNATURE	m familiar with, and accept the obligation of the state o	nt and title if applicable. (NOTE: R	a Statutes		ed when reinstating) DATI	Ε	
agent. I a SIGNATURE 12.	m familiar with, and accept the obliga  Signature, typed or printed name of registered agen  OFFICERS AN	itions of, Section 607.0505, Floric and title if applicable. (NOTE: R ID DIRECTORS	egistered Agen			Ε	ORS IN 12
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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 attachment with an address, with all other like empowered.

SIGNATURE: