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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000102799 (9)

NATI ENTERPRISES INC.

Principal Place of Business Mailing Address								-{				
1251 TAYLOR LANE SUITE 6A LEHIGH FL 33836				1251 TAYLOR LANE SUITE 6A LEHIGH FL 33936							,	
								3. Date Incorporated or Qualified 3a. Date of Last Report 12/18/1996				
2. Principal Place of Business				2a, Mailing Address					4. FEI Number	Apj	plied For	
21				26					65-0732317		Applicable	
Suite, Ap1. #, etc.				Suite, Apt. #, etc.				····	6. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State				City & State				3 Maria	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country			Zip Countr			lry		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 Name and Address of Current F			9	30				Florida Statutes Yes No			
	<del></del>		10. Name and Address of New Registered Agent									
SINKOVITS, ANGELA							31	1 Name				
1251 TATLOR LANE							2	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
SUITGE <b>6</b> F Lehigh FL 33936							33					
LEMI	ON PL 33930	)				L						
•						8	34	City	FL  85	Zip C	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: typod or printed name of registered agent and life if applicable (NOTE Registered Agent a gnoture required when reinstating) DATE												
10	Signature, typed o	gistered agent and DERS AND DIF					nt a gnature require	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12. Title	PVTS	OFFIC	ZENO MINITI DIL		DELETE	13.	 F		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	•	Addition	
NAME	WEGENER,	RENATE				1.2 NAN		}		90		
STREET ADDRESS		DEE STREET						ADORESS				
CITY-ST-ZIP	LEHIGH FL 33972			1.4 CI								
TITLE		<u> </u>			DELETE	2.1 TITU			Ch	ange	Addition	
NAME						2.2 NAM	1l	İ				
STREET ADDRESS	1					2.3 STR	EET A	ADDRESS				
CITY-ST-ZIP						2.4 CII	Y - S	T-7IP			j	
TITLE				□ DELETE 311			F		☐ Ch	ange	Addilion	
NAME						32 NAM	1E					
STREET ADDRESS				335			133	ADDRESS				
CHY-SI-ZIP						3.4, CIT		T-ZIP				
TITLE				L	DELETE	4.1 7171			L.J Ch	ange	Addition	
NAME						4. 2 NA!						
STREET ADDRESS								ADDRESS				
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NAME OTDEET ADDRESS	1					5.2 NAM		*DDBLCC				
STREET ADDRESS	i							ADDRESS				
CITY-ST-ZIP TITLE	<del> </del>				DELETE	5.4 CITY 6.1 THL		1-211	☐ Ch	ange	Addition	
NAME .	}			المدينية		6.2 NAM				8		
STREET ADDRESS								ADDRESS	f			
CITY-ST-ZIP								1			,	
	hy cortify that	the information	s aunaliad uit	h this filing do	ac not qualify	64 City			Lin Section 110 07(3)(i) Elorido Statutos I further certifo	i that t	ho-	

4. 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 eath; 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:

CORUET EL RELIETE WEGEN ER

04.27.97

(941)368-1593

**FILED** 

May 06 1997 8:00am

Secretary of State