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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 25 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000103661 (0)**1. Corporation Name

appears in Block 12 or Block 13 if changed, or on an atta

SIGNATURE:

NATURAL INNOVATIONS INC.

Principal Place of Business Mailing Address 5427 PINE TREE DRIVE 5427 PINE TREE DRIVE DELRAY BEACH FL 33484 DELRAY BEACH FL 33484-1130 3. Date Incorporated or Qualified 3a. Date of Last Report 12/23/1996 WA 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 11062 S. Military Teail 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 423 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Boynton Banch 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199,032, $\mathcal{H}_{i}\mathcal{S}_{i}\mathcal{H}_{i}$ Yes No 24 25 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **WOLFE, LARRY** -SHOWN TOOK 200-A JOHN KNOX ROAD 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303-6643 TORIO A MANGO 83 84 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. 123 9 SIGNATURE (NOTF: Registered Agent signature required when reinstating) Signature, typed or punted name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1716 1 1 Tate F PRESIDENT GAVETT, CYNDI C.S. Buerster NAME 12 NAME MOLD SIMIHORY TRAIL, SLIKE 423 5427 PINE TREE DRIVE STREET ADDRESS 13 STREET ADDRESS **DELRAY BEACH FL 33484** 1.4 CITY-ST-ZIP CITY - \$1 - 7/P DELETE Change Addition 101.15 21 TITLE 22 NAME 23 STREET ADDRESS STREET ADDRESS CHTY-51-7/P 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THEF NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-2IP 3.4. CITY-ST-ZIP DELETE Change 1114F 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTV - \$1 - 712 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TII.,F DELETE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - \$1 - 70 6.4 CITY - ST-ZIP

14. I do nereby 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 path; that I am an officer or director of the corporation or the receiver or flustee employwered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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