

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 # **PA7-000029074**
1. Corporation Name

FARMANATURAL INC.

Principal Place of Business

Mailing Address

2525 DAVIE RD
SUITE 330
DAVIE, FL 33317

2525 DAVIE RD
SUITE 330
DAVIE, FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number

65-0742033

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THEODORE J. KLEIN
ATTORNEY - AT- LAW
88 NE 168th STREET
N. MIAMI BEACH, FL33162

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRESIDENT
SAUL GILINSKI
2525 DAVIE RD./DAVIE, FL 33317
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DIRECTOR
GILDA, AZOUT
2525 DAVIE RD
DAVIE, FL 33317
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

DIRECTOR/SECRETARY
FLORETTE GILINSKI
2525 DAVIE RD/SUITE 330
DAVIE, FL 33317
☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

DIRECTOR
JACK AZOUT
2525 DAVIE RD./DAVIE, FL 33317
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

500003046355--3
-11/16/99--01097--009

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

*****150.00 ***150.00**
☐ Change ☒ Addition

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 is in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 NOV -8 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (11/98)



Custom Manufacturer of Tablets, Capsules & Powders

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Att: Ms. Kristen Eckel

Dear Ms. Eckel:

Re: - Letter Number 499A0050495

Attached are the completed reinstatement form, the corporation report that we had originally completed and a check in the amount of \$150.00

We are requesting that you waive the late penalty charge since we did not receive the original corporation form that you had mail to us. In speaking with Tyrone, your customer service representative, it was discovered that the forms were sent to an incorrect address.

Please be advised that our mailing address is:

Farmanatural Inc.
2525 Davie Rd
Suite 330
Davie, FL 33317

If you have any further questions concerning the above, please feel free to contract either Donna Lawrence or myself at 954 472-7373.

Sincerely

Mike McTiernan
Controller