

2-20-98 B-2368 C  
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 Feb 20 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000032904 (9)  
 1. Corporation Name  
 NATURAL COMMUNICATIONS, INC.



Principal Place of Business: 1851 NE MIAMI GARDENS DRIVE, NORTH MIAMI BEACH FL 33179  
 Mailing Address: 1851 NE MIAMI GARDENS DRIVE, NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2180 N.E. 204<sup>th</sup> ST., Suite, Apt. #, etc. 22  
 2a. Mailing Address: 26 2180 N.E. 204<sup>th</sup> ST., Suite, Apt. #, etc. 27  
 City & State: 23 NO. MIAMI BEACH, FL  
 Zip: 24 33179 Country: 25  
 City & State: 28 NO. MIAMI BEACH, FL  
 Zip: 29 33179 Country: 30

3. Date incorporated or Qualified: 04/10/1997  
 4. FEI Number: 65-0728738 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 OPPENHEIMER, JAMES K  
 7720 PETER RD  
 PLANTATION FL 33327

10. Name and Address of New Registered Agent  
 81 Name: JACOBSON STANLEY A.  
 82 Street Address (P.O. Box Number is Not Acceptable): 2180 N.E. 204<sup>th</sup> ST.  
 83  
 84 City: NO. MIAMI BEACH FL 85 Zip Code: 33179

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: Stanley A. Jacobson STANLEY A. JACOBSON 2/17/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GERBER, RICHARD	
STREET ADDRESS	7720 PETER RD	
CITY-ST-ZIP	PLANTATION FL 33327	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OPPENHEIMER, JAMES K	
STREET ADDRESS	7720 PETER RD	
CITY-ST-ZIP	PLANTATION FL 33327	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBSON, STANLEY A	
STREET ADDRESS	1851 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2180 N.E. 204 <sup>th</sup> ST.
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Stanley A. Jacobson STANLEY A. JACOBSON 2/17/98 305-932-9195

CR2E034 (10/97)