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 # P97000054079

NATURALCO1, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90246 034 ***150.00



Principal Place	of Business	Mailing Address			1 logilogi ile ile ile ile ile ile ile ile ile il	,,,,,	
677 NORTHWEST 10TH COURT POST OFFICE BOX 276373					·		
BOCA RATON FL 33486 BOCA RATON FL 33427					DO NOT WRITE IN THIS	SPACE	
İ					3. Date Incorporated or Qualifed		
					06/19/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21 26					65-0761821		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		Additional Required
City & State City & State				•	6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Into	angible □Yes	No
24	25 29 30 9. Name and Address of Current Registered Agent				Personal Property Tax. 10. Name and Address of New Registered		AINO
	9. Name and Address of Current	Registered Agent	81	Name	(b. Haile and Addides of New Yogistered	·90	
DAVI	S, CHRISTOPHER			<u> </u>			
677 NW 10TH CT				Street Add	ress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33456				3			-
			L			7	0-4-
1			84	City	FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he abov	/e-named corp	poration submits this statement for the purpose of	changing it	s 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.							
		pringspr-co	<u></u>	 Sát N	10 4/19/9	A	
SIGNATURE.	Signature, typed or printed name of registered agent	~ , 11 ,2 m/h , ~ , <u> </u>	istered Age	ent signature require	ed when reinstating) DATE	``	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT Change	
TITLE (Topic)	□		1.1 TITLE			Citalige	C) Addison
NAME	DAVIS, STEPHEN	in Andrew Mary 1994	1.2 NAME				Į
STREET ADDRESS	677 NORTHWEST 10TH COURT	12 BAAD		ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486 VD	DELETE	1.4 City-: 2.1 Title	ST-ZIP		Change	Addition
TITLE			2.2 NAME				
NAME	677 NORTHWEST 10TH COURT			ET ADORESS			,
STREET ADDRESS	BOCA RATON FL 33486		2.4 GTY-				
CITY-ST-ZIP	STD	☐ DELETE	3.1 TITLE	ar-Alf		Change	Addition
NAME	DAVIS, TRACEY F	_	3.2 NAME			_	
STREET ADDRESS	677 NORTHWEST 10TH COURT			T ADDRESS			
CITY+ST+ZIP	BOCA RATON FL 33486		3.4. CITY-	1			
TITLE	D		4.1 TITLE			Change	Addition
NAME	DAVIS, ROY G		4. 2 NAME	:			
STREET ADDRESS	677 NORTHWEST 10TH COURT	·	4.3 STREI	ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486		4.4 CITY-	ST-ZIP			
ΠΙΣΕ			5.1 TITLE	i		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-		, , , T 10 TV 4 M to		Addition
TITLE .		□ DELETE	6.1 TITLE	1		Change	☐ Addition
NAME			6.2 NAME		•		
1 CTOCCT ADDRESS			6.3 STREE	FT ADDRESS !			ų.

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: