Applied For

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

FILED Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90042 026 ***150.00

DOCUMENT # P97000076519 1. Corporation Name

NATURAL TREND SETTERS, INC.

Principal Place of Business

Mailing Address

2a, Mailing Address

5100 W COMMERCIAL BLVD TAMARAC FL 33319

2. Principal Place of Business

5100 W COMMERCIAL BLVD TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/04/1997

4. FEI Number

21		26			65-0790916	· .	No	t Applicable	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		,	5. Certifcate of Status Desired		``\$8.75` <i>A</i>		
22	•						Fee Re	quirea	
City & Sta	ate	City & State			6. Election Campaign Financing	9 🗆	\$5.00	•	
23		28			Trust Fund Contribution		Added t	o Fees	
Zip	Country Zip			Country 8. This corporation owes the current year Intar					
24	25 29 30				Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered A	Agent		
			81	Name	والمعادية والإراد	"n -si 2- *			
CONE, WILLIAM J 514 SE SEVENTH ST FT-LAUDERDALE FL 33301 (24)				82 Street Address (P.O. Box Number is Not Acceptable)					
				Oncol Addies (10. Son talling)					
	والمراز والأراز	.	84					2-40	
				City		FL	85 Zip (Joue	
11 Dureus	nt to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the above	-named corp	oration submits this statement for th	ne purpose of	changing its	registered	
office or	registered agent, or both, in the State o	if Florida. Such change was auti	norized by	the corporatio	on's board of directors. I hereby acc	ept the appoir	ntment as re	gistered	
agent. I	am familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes.						
SIGNATURI	E	and fills if annihila Alorra O	Pagietarad Aces	t eignatura raguirei	d when reinstating)	DATE			
orginature, types of printed name				r ara-return redutter	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			RS IN 12	
12.	DP OFFICERS AND	DELETE	13. 1.1 TITLE				Change	Addition	
	HYLTON, YANIQUE	<u> </u>	1.2 NAME				_ ,		
NAME	E400 W COMMEDOIAL DIVID	•							
STREET ADDRES	•		1.3 STREET	i					
City-St-ZiP	TAMARAC FL 33319	C per ete	1.4 CITY-S	r-ZiP	_		Change	Addition	
TITLE	DV	☐ DELETE	2.1 TITLE				□ cuanta		
NAME	RODRIGUEZ, NANETTE	- •	2.2 NAME	ļ					
STREET ADDRES			2.3 STREET	ADDRESS				*=:	
CITY-ST-ZIP	TAMARAC FL 33319		2.4 CITY-S	T-ZIP		. . .			
TITLE	DTS	☐ DELETE	3.1 TITLE	1			☐ Change	☐ Addition	
NAME	HYLTON, SIMONE		3.2 NAME				•		
STREET ADDRES			3 3 STREET	ADDRESS					
CITY-ST-ZIP	TAMARAC FL 33319		3.4. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRES	ess .		4.3 STREET	ADDRESS					
CITY-ST-ZIP	[4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition	
NAME			5.2 NAME						
ļ	20		5.3 STREET	ADDRESS					
STREET ADDRES	200		5.4 CITY-S						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				Change	☐ Addition	
TITLE '		C percie	6.2 NAME						
NAME				2230004					
STREET ADDRES	ss	*	6.3 STREET	AUDKESS					

6.4 C/TY-ST-Z/P 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.

Date