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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000095125 (5)

NATURAL BEGINNINGS, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				
2820 N. 62NE			2920 N. 62ND AVENUE			
HOLLYWOOD FL 33024		HOLLTWOOD FL	HOLLYWOOD FL 33024		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					11/05/1997	
2. Principal Pl	lace of Business	2a. Mailing Addre	SS		4. FEI Number Applied For	
21		26			65 07 83274 Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, e	otc.		S8 75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State	\$		6. Election Campaign Financing \$5.00 May 65	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cos	untry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
THOMSON, WENDY Z 81				81 Name	9	
	20 N. 62ND AVENUE		99 Street Ad		Address (D.C. Cou Musches in Met Assessable)	
	DLLYWOOD FL 33024		82 Street Ad		d Address (P.O. Box Number is Not Acceptable)	
110				83		
				\square		
				B4 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 puthorized by the corporation's board of directors. I hereby accord the approintment as registered. I						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or posited name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.		D DIRECTORS	13.	a rigoni o gridio	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		DEL		TLE	President Change Addition	
NAME			12 N	AME	wendy 7 Thomson	
STREET ADDRESS				TREET ADDRESS	1 / == /	
CITY-ST-ZIP				ITY-SF-ZIP	1 HALL / 1100 FT 2200 4	
TITLE		☐ D€L			Vice President Change Addition	
NAME			AME	margaret Piwowaroke		
STREET ADDRESS				Treet address		
CITY-ST-ZIP				CITY-ST-ZIP	7347 emixissy Blvd	
TITLE	DELETE 317			Change Addition		
NAME	328					
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		DEL		····	Change Addition	
NAME			4.21		E Comp	
STREET ADDRESS				treet address		
				THECT ADDRESS TY-ST-ZIP		
CITY-ST-ZIP TITLE		DEL			☐ Change ☐ Addition	
NAME		عاد ليا	5.2 N			
1						
STREET ADDRESS			i i	TREET ADDRESS	' 	
CITY-ST-ZIP TITLE		DEL		ITY - ST - ZIP	Change Addition	
					Change Adurton	
NAME			6.2 N]	
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP	artification the information of the first	ulets there fillings along		ITY-ST-ZIP	tod in Continue 110 07/3V() Florida Clatuta I forther and to the the	
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 path; that I am an						
officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my riame appears in						
Block 12 or Block 13 if changed, or on an attachment with an address.						