## 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 May 04, 1999 8:00 am Secretary of State

05-04-1999 90205 001 \*\*\*150.00

DOCUMENT. # P97000095125					
1. Corporation Name					
NATUHA	L BEGINNINGS, INC				
Principal Place	e of Business	Mailing Address		גם זהנסט הנוסט זהנסט הנסטה ההפר סהי הסטומטיה ר	INTO APROLOPIEM NIDIO APROLOPIA PER
2820 N. 62ND		2820 N. 62ND AVENUE			
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024					
1				DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	IIS SPACE
}				11/05/1997	j
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0783274	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	_ <u>:</u>	27			Fee Required
City & Stat	<del>0</del>	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	This corporation owes the current year	
24	25		30	Personal Property Tax.	☐ Yes 🗖 No
	9. Name and Address of Currer			10. Name and Address of New Register	ed Agent
710	MOON WENDY 7		81 Name		
THOMSON, WENDY Z				ress (P.O. Box Number is Not Acceptable)	
2820 N. 62ND AVENUE HOLLYWOOD FL 33024			83		
HOLLINOOD FL 33024			63		j
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation				poration submits this statement for the nurnose	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 require		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12   Addition
TITLE     NAME	THOMSON, WENDY Z		1.1 TITLE 1.2 NAME		
STREET ADDRESS	2820 N 62 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33024		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME .	PIWOWARSKI, MARAGRET		2.2 NAME		
STREET ADDRESS	7341 EMBASSY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33023	<del></del>	2.4 CITY-ST-ZIP		
TITLE	• •	☐ DELETE	3.1 TITLE		Change Addition
NAME (			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<del></del>	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		<del>_</del> = =:=	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		Ì
TITLE		☐ OELETE	5.4 CITY-ST-ZIP 6.1 πTLE		Change Addition
NAME			6.2 NAME		□ 4.:=18e □1.equiqui
STREET ADDRESS			6.3 STREET ADDRESS		{
CITY-ST-ZIP			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 attachprint with an additional other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR