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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Feb 26, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State 02-26-1999 90018 028 ***150.00 **DIVISION OF CORPORATIONS**

i. corporatio	MENT # P98000 NATE ZONE TRADING, INC						:			
Principal Plac	e of Business	Mailing Address				I ABI	OLINGOL ILO LOLDA IDALL DOLLI ;	MAINT MAIN DAS		1819(Bill (BB)
P.O. BOX 643 PALM BEACH FL 33480 P.O. BOX 643 PALM BEACH FL 33480						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						08/20/				
2. Principal Place of Business		2a. Mailing Address			4.	FEI Nun	nber	1-1		plied For
21		26				65 -	08642	4 1		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certifcat	te of Status Desired		\$8.75 A	
22 City 8 Char		City & State					'Ssian Financia		\$5.00	
City & Stat	te .	28					Campaign Financing and Contribution	¹⁹ 🗆	Added to	· ·
23 ∮ Zip	Country	Zip	Cou	itry			poration owes the c	urrent vear l		
24	25	29	30	,	_		Property Tax.	arront your .		⊡No
~i	9. Name and Address of Curre		100]				nd Address of Nev	v Registere	d Agent	
SLATER, ROBERT W 214 BRAZILIAN AVENUE STE. 221 PALM BEACH FL 33480				83 84 City	· · · · ·	ess (P.O. Box Number is Not Acceptable) FL 85 Zip Code				
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	autnonzed	by the corpt	corporation oration's bo	submits ard of di	ithis statement for ti rectors. I hereby acc	ne purpose o cept the app	ointment as reg	gistered
SIGNATORE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered	Agent signature r				DATE		
12.		ND DIRECTORS	13.				NS/CHANGES TO			
	OFFICERS A		13.	E			NS/CHANGES TO		AND DIRECTO	RS IN 12
12.	OFFICERS A D ALEXANDER, MARK E	ND DIRECTORS	13. 1.1 πτ 1.2 NA	.E AE			NS/CHANGES TO			
12.	OFFICERS A D ALEXANDER, MARK E P.O. BOX 643	ND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 STI	LE ME REET ADDRESS			NS/CHANGES TO			
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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.

SIGNATURE:

000-379-201