PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # P98000	075011					
1. Corporation	NATER TECHNOLOGIES, INC					1	
OLL/NI I	THE TOTAL CONTROL OF THE						l
		Marilian Address				_{	1
Principal Place		Mailing Address 202 S. WHEELER ST.					
202 S. Wheeler St. Plant City Fl 33566 Plant City Fl 33566							
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	7
						08/27/1998	
2 Principal P	lace of Business	2a. Mailing Address				4 SEL Number Applied For	\Box
21		26				59-3553778 Not Applicable	В
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi	
22		Ch. F. Stote					\dashv
City & Stat	8	City & State			e e menoran	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23 Zíp	Country	Zip	Cou	intry	,	g. This corporation owes the current year intangible	7
24	25	29	30			Personal Property Tax.	4
	g. Name and Address of Current	Registered Agent		81	I Name	10. Name and Address of New Registered Agent	\dashv
DEID	ED CAMI			61	Name		_
REIBER, SAM I 601 E. TWIGGS ST., SUITE 200 TAMPA FL 33602				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	1
				83	 		
				_	<u> </u>	85 Zip Code	~
				84		FI I	
agent. ra SIGNATURE	I'm rammest with, and accept the obligation Signature, typed or protect have of registered agent.				ul signature required	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered of the appointment as registered to be appointment as registered to be appointment as registered to be appointment as registered.	- (.
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1
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NAME	GROSS, CLIFFORD M		1.2 N				}
STREET ADDRESS					TADORESS		} }
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NAME			52 N				
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TITLE			6.1 N				-

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 cath; 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Mar 14, 1999 8:00 am Secretary of State 03-14-1999 90045 006 ***150.00