PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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Suite, Apt. #	f, etc.	,	Suite, Apt. #,	etc.			4. Date Inco	orporated or	Qualified			
City & State	3-12-1-	River FL	City & State	stat-	River	.Vd.	5. FEI Numi	ber	rida	8·3	Ap	198
^{Zip} 344	29	Country	344	23	Country	; A	6. CERTIFICAT	TE OF STATUS	DESIRED [dditiona	ot Applicable I Fee require te of Status
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	Name	telen P	eards	[pu								1
	Street Address (P.O. Box Number is Not Acceptable)											H
	Street Add	ress (P.O. Box Number is h		, 19								
	Street Add	<u>73 S.E.</u>		119								
	Suite Apt.	<u> 73 S.E.</u>		119				State FL	zip Code 3 4	429	7004	
3. I, being	Suite Apt.	73 S.E.	Not Acceptable)	19	familiar with a	and accept the	obligations of se	State FL	34	427		Mark Comp. Nr. of Page
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Helen Blardsley 8-12-02

Phone 352-564-0694

April 28, 2002.

Dept. of Corporations P.O. Box 6327 Tallahassee, FL. 32314

To whom it may concern:

Please find enclosed our yearly fee of \$150. We still have not received the filing forms for this year. Please send them to us at the above address so that we may file the yearly information.

Thank you,

Nature Coast Trading Co.