

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90061 043 ***158.75

DOCUMENT # P98000078421

1. Corporation Name

NATURAL ANSWERS, INC.

Principal Place of Business

~~6590 SANDALWOOD LANE~~
NAPLES FL 34109

Mailing Address

~~6590 SANDALWOOD LANE~~
NAPLES FL 34109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1998

4. FEI Number

59-3531698

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3050 N. Horseshoe Dr

Suite, Apt. #, etc.

22 Suite 140

City & State

23 Naples, FL

Zip

24 34104

Country

2a. Mailing Address

26 3050 N. Horseshoe Dr.

Suite, Apt. #, etc.

27 Suite 140

City & State

28 Naples, FL

Zip

29 34104

Country

30

9. Name and Address of Current Registered Agent

FEINSTEIN, BRIAN

~~6590 SANDALWOOD LANE~~
~~NAPLES FL 34109~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3050 Horseshoe Drive,

83 Suite 140

84 City

Naples

FL

85 Zip Code

34104

10. Name and Address of New Registered Agent

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 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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME FEINSTEIN, BRIAN
STREET ADDRESS ~~6590 SANDALWOOD LANE~~
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ DELETE

NAME FEINSTEIN, JENNIFER
STREET ADDRESS ~~6590 SANDALWOOD LANE~~
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ DELETE

NAME FEINSTEIN, ERIC
STREET ADDRESS ~~6590 SANDALWOOD LANE~~
CITY-ST-ZIP NAPLES FL 34109

TITLE ☒ DELETE

NAME PRATS, LOU
STREET ADDRESS ~~6590 SANDALWOOD LANE~~
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ DELETE

NAME AUGUST, JERALD D
STREET ADDRESS ~~6590 SANDALWOOD LANE~~
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 3050 Horseshoe Drive #140
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP NAPLES FL 34109

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

561-835-9600

Daytime Phone #

CR2E034 (1/1/98)

0456381