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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90010 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000081573

1. Corporation Name

NATURAL LABORATORIES INC.

Principal Place of Business

**951 SOUTHEAST CENTRAL PARKWAY
STUART FL 34994**

Mailing Address

**951 SOUTHEAST CENTRAL PARKWAY
STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/18/1998

4. FEI Number

65-0865460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**RIETH, RONALD
951 SOUTHEAST CENTRAL PARKWAY
STUART FL 34994**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RONALD J. RIETH	
1.3 STREET ADDRESS	951 S.E. CENTRAL PARKWAY	
1.4 CITY-ST-ZIP	STUART, FL 34994	
2.1 TITLE	CHAIRMAN / VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD R. WACKENHUT	
2.3 STREET ADDRESS	4200 WACKENHUT DR #100	
2.4 CITY-ST-ZIP	PALM BEACH GDN, FL 33410	
3.1 TITLE	SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PHILIP L. MASLOWE	
3.3 STREET ADDRESS	4200 WACKENHUT DRIVE #100	
3.4 CITY-ST-ZIP	PALM BEACH GDN, FL 33410	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GERARD N. ALTIERI	
4.3 STREET ADDRESS	820 SUPERIOR AVE NW STE 530	
4.4 CITY-ST-ZIP	CLEVELAND, OHIO 44113	
5.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MAUREEN P. BRADY	
5.3 STREET ADDRESS	951 SE CENTRAL PKWY	
5.4 CITY-ST-ZIP	STUART, FL 34994	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MAUREEN P. BRADY** (MAUREEN P. BRADY) 3/5/99 561-221-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)