

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V13046** (0)  
1. Corporation Name  
**NATURAL ART SHOPS, INC.**



Principal Place of Business  
**2370 S ATLANTIC AVE  
COCOA BEACH FL 32931**

Mailing Address  
**2370 S ATLANTIC AVE  
COCOA BEACH FL 32931**

3. Date Incorporated or Qualified  
**02/11/1992**

3a. Date of Last Report  
**10/02/1995**

4. FEI Number  
**59-3107723**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 Suite, Apt. #, etc  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc  
27 City & State  
28 Zip  
29 Country

30

9. Name and Address of Current Registered Agent

**DOOLEY, GREG  
2370 S ATLANTIC AVE  
COCOA BEACH FL 32931**

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 filed if applicable

(NOTE: Registered Agent signature required when re-instating)

Date

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHEAR, JEFFREY T.</b>	
STREET ADDRESS	<b>1800 S. ORLANDO AVE., STE. 16</b>	
CITY-ST-ZIP	<b>COCOA BCH. FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOOLEY, GREG</b>	
STREET ADDRESS	<b>2075-G LINTON LK DR.</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOOLEY, PETE</b>	
STREET ADDRESS	<b>431 3RD AVE</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL</b>	
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

11 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>SHEAR, JEFFREY T.</b>	
13 STREET ADDRESS	<b>754 PONDICION TERRACE</b>	
14 CITY-ST-ZIP	<b>ATLANTA, GA 30306</b>	
21 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>DOOLEY, GREG</b>	
23 STREET ADDRESS	<b>1001 N.W. 8TH ST.</b>	
24 CITY-ST-ZIP	<b>BOCA RATON, FL 33486</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**JEFFREY SHEAR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/10/96**  
Date

**(772) 218-9102**  
Telephone

CR2E034 (3/96)