## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998

NATUREFORM, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(5)

## **FILED** May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				····	
1310 TRADER JACKSONVILI		1310 TRADEPORT DRIVE JACKSONVILLE FL 32218			
BHORDONNIELE LE DEELD		AUAHARITHER LA ARRIA			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 04/28/1992
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3122219 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be
23	I County	Zip	Cour	te	Trust Fund Contribution L Added to Fees
Zip	Country	<del>-</del> ¬ '	30	uy	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Curren	29 29 Agent	[30]		10. Name and Address of New Registered Agent
MC	DORE, J. RICHARD JR	A Flogistore Figure		31 Name	
	O NORTH OCEAN STREET				The state of the s
	CKSONVILLE FL 32202	,		Stree	reet Address (P.O. Box Number is Not Acceptable)
٠	, •		Ī	33	
			ļ.	14 03.	85 Zip Code
				City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statut	es, the ab	ove-name	med corporation submits this statement for the purpose of changing its registered
office or r agent. I a	egistered agent, or both, in the State on familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized orida Stati	by the co tes.	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age			Agent signatu	nature required when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	WARREN, HAROLD L.	DELETE	1.1 1(1)		Change Addition
NAME	1310 TRADEPORT DRIVE		1.2 NAI	-	
STREET ADDRESS	JACKSONVILLE FL			EET ADDRESS	
CITY-ST-ZIP TITLE	810	DELETE	2.1 TIT	(-ST-ZIP	Change Addition
NAME	WARREN, ELUS R.		2.2 NAI		
STREET ADDRESS	925 NORTH OCEAN ST.			 Eet address	FSS
CITY-ST-ZIP	JACKSONVILLE FL			Y-ST-ZIP	
TITLE	VD	DELETE	3.1 T(T)		Change Addition
NAME	Warren, Steve R.		3.2 NA	ΛE	
STREET ADDRESS	1310 TRADEPORT DRIVE		3 3 STF	eet address	ess
CITY-ST-ZIP	JACKSONVILLE FL		3 4. CI	Y-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 10	E	. Change Addition
NAME	MAK, TAI		4. 2 NA	ME	
STREET ADDRESS	1310 TARDEPORT DRIVE		4.3 STF	eet address	ESS
CITY-ST-ZIP	JACKSONVILLE FL			(-ST-ZIP	
TITLE	WADDEN FILIS	☐ DELETE	5 1 TiTi		☐ Change ☐ Addition
NAME	WARREN, ELLIS 1310 TRADEPORT DRIVE		5.2 NA		
STREET ADDRESS	JACKSONVILLE FL			EET ADDRESS	
CITY-ST-ZIP	UNUNOVIANICE EC	DELETE		(-ST-ZIP	Change Addition
TITLE		⊢ nereit	61 TrT		Li Cuange Li Koodon
NAME			62 NA		ree
STREET ADDRESS				EET ADDRESS (= \$1 = 71P	
reity_ct.7IP i			■ 64 C/C	r - S1 - JIP	

14. 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 actual 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 any state that ment with an address.

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