


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 21 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P09103 (3)**  
1. Corporation Name

**AMERICAN NATURAL HYGIENE SOCIETY, INC.**



Principal Place of Business 11816 RACE TRACK RD. TAMPA FL 33626		Mailing Address PO BOX 30630 TAMPA FL 33630 US		3. Date Incorporated or Qualified <b>02/17/1986</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>36-2692857</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHULTZ, GREGORY G. 132 10TH AVE N STE 102 SAFETY HARBOR FL 34695				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBERMAN, MARK	1.2 NAME	
STREET ADDRESS	204 STAMBAUGH BLDG.	1.3 STREET ADDRESS	44 Federal Plaza Central, Ste.204
CITY-ST-ZIP	YOUNGSTOWN OH	1.4 CITY-ST-ZIP	Youngstown, OH 44503-1635
TITLE	M <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNON, JAMES, M	2.2 NAME	
STREET ADDRESS	11816 RACE TRACK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERRY, PAMELA	3.2 NAME	Mark Epstein
STREET ADDRESS	RT 1 BOX 390	3.3 STREET ADDRESS	1601 W. School St., Unit 203
CITY-ST-ZIP	SPRINGVALE ME	3.4 CITY-ST-ZIP	Chicago, IL 60657
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROSIOUS, DOROTHY	4.2 NAME	
STREET ADDRESS	18209 GULF BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRIDLAND, M.D. RONALD G	5.2 NAME	Jean Oswald
STREET ADDRESS	6010 COMMECE BOULEVARD, #152	5.3 STREET ADDRESS	11815 W. Somerset Drive
CITY-ST-ZIP	ROHNERT PARK CA	5.4 CITY-ST-ZIP	Franklin, WI 53132
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEUTSCH, GERALD	6.2 NAME	Daniel Regan
STREET ADDRESS	90-15 QUEENS BLVD	6.3 STREET ADDRESS	29 Woodland Road
CITY-ST-ZIP	ELMHURST NY	6.4 CITY-ST-ZIP	New City, NY 10956

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Michael Lennon Executive Director 1/6/98 (813) 855-6607  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050518

CR2E037 (10/97)