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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09103

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	3. Date Incorporated or Qualified 02/17/1986	4. FEI Number 36-2692857	Applied For <input type="checkbox"/> Not Applicable
25 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
30 Country	31 Country	6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SCHULTZ, GREGORY G. 132 10TH AVE N STE 102 SAFETY HARBOR FL 34695	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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	HUBERMAN, MARK 44 FEDERAL PLAZA CENTRAL STE 204 YOUNGSTOWN OH 44503	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	4620 Euclid Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Youngstown, OH 44512
TITLE M	LENNON, JAMES, M 11816 RACE TRACK RD TAMPA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	EPSTEIN, MARK 1601 W SCHOOL ST UNIT 203 CHICAGO IL 60657	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE T	BROSIOUS, DOROTHY 18209 GULF BLVD. ST. PETERSBURG FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	OSWALD, JEAN 11815 W SOMERSET DR FRANKLIN WI 53132	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	REGAN, DANIEL 29 WOODLAND RD NEW CITY NY 10956	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: *James Michael Lennon* **James Michael Lennon** Executive Director
 Date: 2/18/99 Daytime Phone #: (813) 855-6607

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