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FILED
Jun 04, 1999 8:00 am
Secretary of State

06-04-1999 90010 013 ***550.00



PROFIT CORPORATION
 ANNUAL REPORT
 1999

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

DOCUMENT # **P98000107578**

1. Corporation Name
Herbal Health Products, Inc.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **6950 Bryan Dairy Road**
 Suite, Apt. #, etc.

2a. Mailing Address

26 **6950 Bryan Dairy Road**
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

December 29, 1998

4. FEI Number

59-3550327

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 owes the current year Intangible Personal Property Tax.

Yes No

City & State

23 **Largo, FL**

City & State

28 **Largo, FL**

Zip Country

24 **33777** 25 **USA**

Zip Country

29 **33777** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Kotha S. Sekharam

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

6950 Bryan Dairy Road

83

84 City

Largo

85 FL

Zip Code

33777

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

Kotha S. Sekharam

5/25/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	D, P
STREET ADDRESS	Gerald Schmoling
CITY-ST-ZIP	6950 Bryan Dairy Road
TITLE	<input type="checkbox"/> DELETE
NAME	D, S, JT
STREET ADDRESS	Jugal K. Taneja
CITY-ST-ZIP	6950 Bryan Dairy Road
TITLE	<input type="checkbox"/> DELETE
NAME	D, VP
STREET ADDRESS	Paul Santosasi
CITY-ST-ZIP	6950 Bryan Dairy Road
TITLE	<input type="checkbox"/> DELETE
NAME	Largo, FL 33777
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	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald Schmoling
 President

DATE

5/25/99 737/544-8866

Daytime Phone #

CR2E034 (1/1/98)