

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT 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 # **K48563** (6)  
1. Corporation Name  
**NATURAL HEALTH TRENDS CORP.**



Principal Place of Business <b>2001 WEST SAMPLE ROAD SUITE 318 POMPANO BEACH FL 33064</b>	Mailing Address <b>2001 WEST SAMPLE ROAD SUITE 318 POMPANO BEACH FL 33064</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2001 W. Sample Rd.</b> Suite, Apt. #, etc. 22 <b>318</b> City & State 23 <b>Pompano Beach, FL</b> Zip 24 <b>33064</b>		2a. Mailing Address 26 <b>2001 W. Sample Rd.</b> Suite, Apt. #, etc. 27 <b>318</b> City & State 28 <b>Pompano Beach, FL</b> Zip 29 <b>33064</b>		3. Date Incorporated or Qualified <b>12/01/1988</b>	
Country 25 <b>U.S.A.</b>		Country 30 <b>U.S.A.</b>		4. FEI Number <b>59-2705336</b> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HELLER, NEAL R 2001 WEST SAMPLE ROAD SUITE 318 POMPANO BEACH FL 33064</b>				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	

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HELLER, ELIZABETH S			1.2 NAME			
STREET ADDRESS	2001 WEST SAMPLE ROAD SUITE 318			1.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33064			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HELLER, NEAL R			2.2 NAME			
STREET ADDRESS	2001 WEST SAMPLE ROAD SUITE 318			2.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33064			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Neal R. Heller, President

954-969-9771

CR2E034 (10/97)