

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90151 003 ***150.00

DOCUMENT # K48563

1. Corporation Name
NATURAL HEALTH TRENDS CORP.

Principal Place of Business
2001 WEST SAMPLE ROAD
SUITE 318
POMPANO BEACH FL 33064
US

Mailing Address
2001 WEST SAMPLE ROAD
SUITE 318
POMPANO BEACH FL 33064



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1988

4. FEI Number

59-2705336

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

2. Principal Place of Business

21 250 Park Avenue

Suite, Apt. #, etc.

22 10th Floor

City & State

23 New York, NY

Zip Country

24 10177 25 USA

2a. Mailing Address

26 250 Park Avenue

Suite, Apt. #, etc.

27 10th Floor

City & State

28 New York, NY

Zip Country

29 10177 30 USA

9. Name and Address of Current Registered Agent

HELLER, NEAL R
2001 WEST SAMPLE ROAD
SUITE 318
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST ☒ DELETE

NAME HELLER, ELIZABETH S
STREET ADDRESS 2001 WEST SAMPLE ROAD SUITE 318
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE P ☒ DELETE

NAME HELLER, NEAL R
STREET ADDRESS 2001 WEST SAMPLE ROAD SUITE 318
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME Joseph Grace
1.3 STREET ADDRESS 250 Park Ave, 10th Floor
1.4 CITY-ST-ZIP New York, NY 10177

2.1 TITLE Chief Financial officer ☐ Change ☒ Addition

2.2 NAME Mark woodburn
2.3 STREET ADDRESS 380 Lashley St.
2.4 CITY-ST-ZIP Longmont, CO 80501-6048

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Joseph Grace, Pres 4/26/99

212-490-6609

CR2E0: (11/98)