
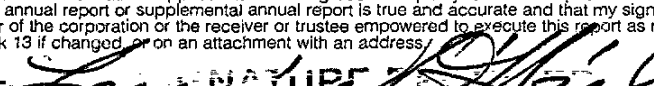


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L66993 (1) 1. Corporation Name THE INTERNATIONAL HERB BROKERS INC.					
Principal Place of Business 5329 DIPLOMAT CIR. ORLANDO FL 32810 US			Mailing Address 3204 CURTIS DR. APOPKA FL 32703 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3012470	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 type="checkbox"/> No	
9. Name and Address of Current Registered Agent O'NEIL, LORRAINE 3204 CURTIS DR. APOPKA FL 32703				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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME O'NEIL, LORRAINE			1.2 NAME		
STREET ADDRESS 3204 CURTIS DRIVE			1.3 STREET ADDRESS		
CITY-ST-ZIP APOPKA FL			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DS			2.2 NAME		
STREET ADDRESS 7359 WOODGLEN CT			2.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MCLACHLAN, JULIE CURTIS			3.2 NAME		
STREET ADDRESS 300 SPRING LAKE HILLS			3.3 STREET ADDRESS		
CITY-ST-ZIP ALTAMONTE SPGS. FL			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.					
SIGNATURE:  1/26/98 788-8608					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)