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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L66993 1. Corporation Name

THE INTERNATIONAL HERB BROKERS INC.

	Mailing Address				
5329 DIPLOMAT CIR.	3204 CURTIS DR.				
ORLANDO FL 32810	APOPKA FL 32703				
US	บร		•	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				04/18/1990	l
2 Principal Place of Business	2a. Mailing Address				plied For
2. Principal Place of Business	⊢ , •				t Applicable
21	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 A	2
22	27			Fee Re	quired .
City & State	City & State			6. Election Campaign Financing \$5.00	May Be
23	28		,	Trust Fund Contribution Added to	o Fees
Zip Country	Zip	Coun	trv	8. This corporation owes the current year Intangible	
·	<u> </u>	30	•	Personal Property Tax.	□No
24 25	29	[30]		10. Name and Address of New Registered Agent	
9. Name and Address of Curren	it Registered Agent		81 Name	IV. Hailie allu Address VI New Neglistered Agent	
OINCH LODDAINE			81 Name	•	
O'NEIL, LORRAINE	Art of	-	82 Street Add	ress (P.O. Box Number is Not Acceptable)	-
3204 CURTIS DR.	y]	Olicet Addi		a age to
APOPKA FL 32703		F	83		. 1 ye 13°
				and the second s	<u> </u>
•		1	84 City	85 Zip C	Code
	**		-	<u> </u>	
.11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the ab	ove-named corp	poration submits this statement for the purpose of changing its on's board of directors. I hereby accept the appointment as re-	registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	of Florida. Such change was a tions of Section 607 0505. Fil	authorized orida Statu	by the corporati	on's board of directors. I hereby accept the appointment as re-	aliziesen.
agent, i am tamiliar with, and accept the obliga	nions of, Section 607.0305, FR	unua Statu			
SIGNATURE				ad when reinstating) DATE	
Signature, typed or printed name of registered ager			Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
1.00	ID DIRECTORS	13.	 	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	Addition
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ADODIVA EL		1.3 STF	REET ADDRESS		
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NAME SCHNEIDER, JANE STREET ADDRESS CITY-ST-ZIP DS SCHNEIDER, JANE 7359 WOODGLEN CT ORLANDO FL		1.4 CFT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CFT	Y-ST-ZIP Æ Æ Æ EET ADDRESS Y-ST-ZIP	☐ Change	Addition
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6.4 CITY-ST-ZIP

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 pure like emptweed.

HO 7- 81.9-January

FILED

Jan 27, 1999 8:00am

Secretary of State

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