

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L68280 (1)
 1. Corporation Name
NATIONAL HEALTH PRODUCTS, INC.



Principal Place of Business 731 KIRKMAN RD KIRKMAN COMMERCE CTR ORLANDO FL 32811-2011	Mailing Address 731 KIRKMAN RD KIRKMAN COMMERCE CTR ORLANDO FL 32811-2011
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1990	3a. Date of Last Report 02/27/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-3010953	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CIOLA, TOM 731 KIRKMAN RD KIRKMAN COMMERCE CTR ORLANDO FL 32811-2011				10. Name and Address of New Registered Agent	

81 Name		85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		FL	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOLA, TOM	1.2 NAME	
STREET ADDRESS	4511 WINDSMERE BLVD	1.3 STREET ADDRESS	3038 Barryman Court
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	Orlando, FL 32835
TITLE	TS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOLA, MARCIA	2.2 NAME	
STREET ADDRESS	4511 WINDSMERE BLVD	2.3 STREET ADDRESS	3038 Barryman Court
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	Orlando, FL 32835
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOLA, PAUL	3.2 NAME	
STREET ADDRESS	4511 WINDSMERE BLVD	3.3 STREET ADDRESS	3038 Barryman Court
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	Orlando, FL 32835
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOLA, GREG	4.2 NAME	
STREET ADDRESS	4511 WINDSMERE BLVD	4.3 STREET ADDRESS	3038 Barryman Court
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	Orlando, FL 32835
TITLE	VP	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOLA, KRISTA	5.2 NAME	
STREET ADDRESS	4511 WINDSMERE BLVD	5.3 STREET ADDRESS	3038 Barryman Court
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	Orlando, FL 32835
TITLE	VP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISBOIS, AMY C	6.2 NAME	
STREET ADDRESS	4511 WINDSMERE BLVD	6.3 STREET ADDRESS	3038 Barryman Court
CITY - ST - ZIP	ORLANDO FL	6.4 CITY - ST - ZIP	Orlando, FL 32835

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: *Thomas Ciola* **REQUIRED** 13-6-97 407 2077671
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)