

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

FILED

Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1990	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3010953	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 Dean R. Orr	
				82 Street Address (P.O. Box Number is Not Acceptable) 2600 Maitland Center Parkway	
				83 Suite Suite 330	
				84 City Maitland	85 Zip Code FL 32751

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 *Dean R. Orr* DATE **3/20/98**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3038 BARRYMAN CT.	1.2 NAME	
CITY-ST-ZIP	ORLANDO FL	1.3 STREET ADDRESS	3038 Barrymore Court
		1.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	NAME	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3038 BARRYMAN CT.	2.2 NAME	
CITY-ST-ZIP	ORLANDO FL	2.3 STREET ADDRESS	3038 Barrymore Court
		2.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	NAME	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3038 BARRYMAN CT.	3.2 NAME	
CITY-ST-ZIP	ORLANDO FL	3.3 STREET ADDRESS	3038 Barrymore Court
		3.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	NAME	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3038 BARRYMAN CT.	4.2 NAME	
CITY-ST-ZIP	ORLANDO FL	4.3 STREET ADDRESS	3038 Barrymore Court
		4.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	NAME	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3038 BARRYMAN CT.	5.2 NAME	
CITY-ST-ZIP	ORLANDO FL	5.3 STREET ADDRESS	3038 Barrymore Court
		5.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	NAME	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3038 BARRYMAN CT.	6.2 NAME	
CITY-ST-ZIP	ORLANDO FL	6.3 STREET ADDRESS	3038 Barrymore Court
		6.4 CITY-ST-ZIP	Orlando, FL 32835

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: *Marcia Ciola* 2-25-98 407 291-9139

CR2E034 (10/97)