


FILE NOW: FILING FEE IS \$61.25

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Mar 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P09103					
1. Corporation Name AMERICAN NATURAL HYGIENE SOCIETY, INC.					
Principal Place of Business 11816 RACE TRACK RD. TAMPA FL 33626			Mailing Address PO BOX 30630 TAMPA FL 33630 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 02/17/1986	
				4. FEI Number 36-2692857	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SCHULTZ, GREGORY G. 132 10TH AVE N STE 102 SAFETY HARBOR FL 34695				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	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HUBERMAN, MARK		1.2 NAME				
STREET ADDRESS	44 FEDERAL PLAZA CENTRAL STE 204		1.3 STREET ADDRESS	4620 Euclid Blvd.			
CITY-ST-ZIP	YOUNGSTOWN OH 44503		1.4 CITY-ST-ZIP	Youngstown, OH 44512			
TITLE	M	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LENNON, JAMES, M		2.2 NAME				
STREET ADDRESS	11816 RACE TRACK RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	EPSTEIN, MARK		3.2 NAME				
STREET ADDRESS	1601 W SCHOOL ST UNIT 203		3.3 STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60657		3.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BROSIOUS, DOROTHY		4.2 NAME				
STREET ADDRESS	18209 GULF BLVD.		4.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	OSWALD, JEAN		5.2 NAME				
STREET ADDRESS	11815 W SOMERSET DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	FRANKLIN WI 53132		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	REGAN, DANIEL		6.2 NAME				
STREET ADDRESS	29 WOODLAND RD		6.3 STREET ADDRESS				
CITY-ST-ZIP	NEW CITY NY 10956		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 617, 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: *James Michael Lennon* **James Michael Lennon** **Executive Director** **2/18/99** **(813) 855-6607**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #