

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 MAY 31 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700001504427  
-06/02/95--01027--007  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000086571 (4)  
1. Corporation Name  
OSSCA NATURAL PRODUCTS, INC.

Principal Place of Business Mailing Address  
16011 GLEN HAVEN DR. TAMPA FL 33618  
16011 GLEN HAVEN DR. TAMPA FL 33618

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 City & State 28 City & State  
24 City & State 25 County 29 City & State 30 County

3. Date Incorporated or Qualified 3a. Date of Last Report  
11/29/1994

4. FEI Number Applied For  
59-3283093 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

6. THIS CORPORATION HAS THE RIGHT TO ENFORCE THE ORDER OF FLORIDA STATUTES  Yes  No

9. Name and Address of Current Registered Agent  
AMUSO, PHILIP T  
13011 GLEN HAVEN DR.  
TAMPA FL 33618

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Corporation Agent (printed name of registered agent) (Date) Registered Agent (printed name of registered agent) (Date)

12. OFFICERS AND DIRECTORS	
TITLE: D	NAME: AMUSO, PHILIP T STREET ADDRESS: 16011 GLEN HAVEN DR. CITY, ST, ZIP: TAMPA FL 33618
TITLE: D	NAME: COONS, TERESA A STREET ADDRESS: 5724 TEAKWOOD TRAIL N.E. CITY, ST, ZIP: ALBUQUERQUE NM 87111
TITLE: D	NAME: FRANKEL, JACK W STREET ADDRESS: 730 - 128TH AVE. CITY, ST, ZIP: TREASURE ISLAND FL 33708
TITLE: D	NAME: KINSOLVING, C. RICHARD STREET ADDRESS: 5415 - 61ST ST. E. CITY, ST, ZIP: BRADENTON FL 34203
TITLE: D	NAME: MULLINEAUX, LEE STREET ADDRESS: P.O. BOX 1200 CITY, ST, ZIP: ELFERS FL 34680
TITLE:	NAME: STREET ADDRESS: CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	
13 STREET ADDRESS:	
14 CITY, ST, ZIP:	
21 TITLE: DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	
23 STREET ADDRESS:	
24 CITY, ST, ZIP:	
31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY, ST, ZIP:	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY, ST, ZIP:	
51 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	5263 SCHOOL RD
54 CITY, ST, ZIP:	NEW PORT RICHEY, FL 34653
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY, ST, ZIP:	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 of the report or on an attachment with an address.

SIGNATURE: *Philip T. Amuso* / PHILIP T. AMUSO 4/17/95 813-883-2762  
DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_