

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000086571 (4)

1. Corporation Name

OSSCA NATURAL PRODUCTS, INC.



Principal Place of Business

16011 GLEN HAVEN DR.  
TAMPA FL 33618

Mailing Address

16011 GLEN HAVEN DR.  
TAMPA FL 33618

3. Date Incorporated or Qualified

11/29/1994

3a. Date of Last Report

05/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMUSO, PHILIP T  
16011 GLEN HAVEN DR.  
TAMPA FL 33618

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

Signature, typed or printed name of registered agent and then applicable

Signature, typed or printed name of registered agent and then applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVST  
NAME AMUSO, PHILIP T  
STREET ADDRESS 16011 GLEN HAVEN DR.  
CITY-STATE-ZIP TAMPA FL 33618

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE DP  
NAME COONS, TERESA A  
STREET ADDRESS 5724 TEAKWOOD TRAIL N.E.  
CITY-STATE-ZIP ALBUQUERQUE NM 87111

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE D  
NAME FRANKEL, JACK W  
STREET ADDRESS 730 - 126TH AVE.  
CITY-STATE-ZIP TREASURE ISLAND FL 33706

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE D  
NAME KINSOLVING, C. RICHARD  
STREET ADDRESS 5415 - 61ST ST. E.  
CITY-STATE-ZIP BRADENTON FL 34203

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE D  
NAME MULLINEAUX, LEE  
STREET ADDRESS 5263 SCHOOL RD.  
CITY-STATE-ZIP NEW PORT RICHEY FL 34653

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Philip T. Amuso Philip T. Amuso 3-2-96 (813) 883-2762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)