

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P97000072533 (7)**

1. Corporation Name  
**NHTC REAL ESTATE, INC.**

Principal Place of Business  
**TRICOM EXECUTIVE CENTRE, SUITE 318  
2001 W SAMPLE RD  
POMPANO BEACH FL 33064**

Mailing Address  
**TRICOM EXECUTIVE CENTRE, SUITE 318  
2001 W SAMPLE RD  
POMPANO BEACH FL 33064**

**FILED**  
**Aug 12 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/20/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0783541</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MALLINGER, MARTIN R TRICOM EXECUTIVE CENTRE, SUITE 318 2001 W SAMPLE RD POMPANO BEACH FL 33064</b>				10. Name and Address of New Registered Agent	
				81 Name <b>HELLER, NEAL R</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2001 W. SAMPLE ROAD, SUITE 318</b>	
				83	
				84 City <b>Pompano Beach</b>	85 Zip Code <b>FL 33064</b>

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 607.0503, 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	<b>PO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELLER, NEAL R</b>	1.2 NAME	
STREET ADDRESS	<b>2001 W SAMPLE RD, SUITE 318</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELLER, ELIZABETH</b>	2.2 NAME	
STREET ADDRESS	<b>2001 W SAMPLE RD, SUITE 318</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: **X**

SIGNATURE REQUIRED

**100002617461**  
**-08/17/98--01076--045**  
**\*\*\*150.00**

**7/12/98**

CR2E034 (5/98)



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July 6, 1998

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

**RE: NHTC Real Estate, Inc.**

To Whom it May Concern:

Kindly accept the enclosed report on the above as it was never received in our office. Seeing how our registered agent is our attorney, I can only assume that he may have received it if it has not been returned to your office.

In order to show that our request is legitimate, I kindly ask that you review our following corporations which will show that those reports were indeed filed in a timely manner:

The Natural Health Shoppe, Inc.  
Natural Health Trends Corp.  
Florida College of Natural Health, Inc.

Thank you for your consideration.

Sincerely,

Joe Siska  
Accountant

Enclosures