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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000107578

1. Corporation Name

Herbal Health Products. Inc.

## **FILED** Jun 04, 1999 8:00 am **Secretary of State**

06-04-1999 90010 013 \*\*\*550.00

11010-01				
Principal Place of Business	Mailing Address			
			DO NOT WRITE IN THIS SP	ACE
			3. Date Incorporated or Qualified	s o
O Drivers Disease Business	s Za. Mailing Address		December 29, 199	Applied For
2. Principal Place of Busines	N . 0 - 1 = 1 0000 0	Dairy Road	Aug     Aug	Not Applicable
21 6 150 13 1 4 AN	Suite, Apt. #, etc.	DAILA PLOO		\$8.75 Additional
22	27	•	5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Largo F	28 Large,	FL	Trust Fund Contribution	Added to Fees
Zig	Country Zip	Country	This corporation owes the current year Intang	
24 33777 25		30 USA		Yes □No
9. Name ar	nd Address of Current Registered Agent	81 Name	10. Name and Address of New Registered Ag	ent
		81 Name	otha S. Sekharam	
		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
		6	150 Royan Dairy K	oad
		83	,	
		84 City		85 Zip Code
	<u> </u>	<u>_</u>	-argo FL	337//
11. Pursuant to the provision office or registered agen	s of Sections 607.0502 and 607.1508, Florida Statute , or both, in the State of Florida. Such change was au and accept the obligations of, Section 607.0505, Flori	s, the above-named corp thorized by the corporation	on's board of directors. I hereby accept the appointm	ent as registered
agent. I am familiar with.	and accept the obligations of, Section 607.0505, Flori	da Statutes.	11	~12-122
SIGNATURE	Maren.	Registered Agent signature require	thas Sekharam S	\$ <del>/\$\\$/\71</del>
Signature, typed or 1	printed Time of registered agent and title if applicable (NOTE: OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
	☐ DELETE	1.1 TITLE		Change
425	- i ii	1.2 NAME	•	
Ottal	d Schnoling	1.3 STREET ADDRESS		
STREET ADDRESS 6950	Bryan Dairy Road	1.4 CITY-ST-ZIP		
TITLE 7	DELETE	2.1 TITLE	<u> </u>	Change
NAME U		2.2 NAME		
STREET ADDRESS ( CC )	K. lane a	2.3 STREET ADDRESS		l
CITY-ST-ZIP	Bryan Dairy Road	2, 4 CITY-ST-ZIP		
TITLE TO THE	DELETE	3.1 TITLE	3/4	Change
NAME D, VP	John J. Land	3.2 NAME	•	
STREET ADDRESS Paul S	Arvan Dairy Read	3 3 STREET ADDRESS		
CITY-ST-ZIP	Bryder Dairy Tour	3.4. CITY-ST-ZIP		
TITLE LOVE	5, 1 U 33/77 □ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ OELETE	5.1 TITLE		Change
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		Obassa (7 4 4 4 9) - 1
TITLE	☐ DELETE	6.1 TITLE	L	Change
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

Thereby 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 informatic 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 with all other like empowered.