

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gordon B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:57**

DOCUMENT # F93000002570 (0)
1. Corporation Name
WEIGHT EATERS MEDICAL SYSTEM INC.

Principal Place of Business Mailing Address
**3055 PINE VALLEY STREET 3055 PINE VALLEY STREET
PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
06/01/1993 08/23/1994

4. FEI Number Applied For
65-0384853 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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
**GANIN, JACQUES
1001 YAMATO ROAD
SUITE 306
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent
81 Name **JACQUES GANIN**
82 Street Address (P.O. Box Number is Not Acceptable) **3055 PINE VALLEY STREET**
83
84 City **PORT ST LUCIE** FL 85 Zip Code **34952**

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 *Jacques Ganin* DATE **3/21/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENCHETRIT, DAVID
STREET ADDRESS	7 RUE BASSE DE LA TERRASSE
CITY, ST, ZIP	92190 ME
TITLE	D
NAME	BENCHETRIT, MEYER
STREET ADDRESS	7, RUE BASSE DE LA TERRASSE
CITY, ST, ZIP	92190 ME
TITLE	POST
NAME	GANIN, JACQUES
STREET ADDRESS	3055 PINE VALLEY STREET
CITY, ST, ZIP	PORT ST. LUCIE FL 34952
TITLE	VP
NAME	GANIN, CLOE
STREET ADDRESS	6503 NORTH MILITARY TRAIL, APT. 1010
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input 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 type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Sections 119.07(3)(b), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Jacques Ganin* DATE **3/21/95** (409) 335-8280