

**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 # F93000002570 (0)

1. Corporation Name

WEIGHT EATERS MEDICAL SYSTEM INC.



Principal Place of Business

Mailing Address

3055 S.E. PINE VALLEY ST.  
PORT ST. LUCIE FL 34952

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PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified <b>06/01/1993</b>	3a. Date of Last Report <b>03/28/1995</b>
4. FEI Number <b>65-0384853</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GANIN, JACQUES  
3055 PINE VALLEY STREET  
SUITE 306  
PORT ST. LUCIE FL 34952

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	FL	85 Zip Code
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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 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENCHETRIT, DAVID	1.2 NAME	
STREET ADDRESS	7 RUE BASSE DE LA TERRASSE	1.3 STREET ADDRESS	
CITY-ST-ZIP	92190 ME	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENCHETRIT, MEYER	2.2 NAME	
STREET ADDRESS	7, RUE BASSE DE LA TERRASSE	2.3 STREET ADDRESS	
CITY-ST-ZIP	92190 ME	2.4 CITY-ST-ZIP	
TITLE	PDST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANIN, JACQUES	3.2 NAME	
STREET ADDRESS	3055 PINE VALLEY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANIN, CLOE	4.2 NAME	
STREET ADDRESS	6503 NORTH MILITARY TRAIL, APT. 1010	4.3 STREET ADDRESS	3055 PINE VALLEY STREET
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34952
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 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:

*Jacques Ganin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/96  
Date

(407) 835 9280  
Daytime Phone #

CR2E034 (12/95)