

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N50064 (7)**

1. Corporation Name  
**FOOD ADDICTS ANONYMOUS, INC.**



Principal Place of Business: **4623 FOREST HILL BLVD. SUITE 111-5 WEST PALM BEACH FL 33415**  
 Mailing Address: **4623 FOREST HILL BLVD. SUITE 111-5 WEST PALM BEACH FL 33415**

3. Date Incorporated or Qualified: **07/27/1992**  
 3a. Date of Last Report: **02/06/1995**  
 4. FEI Number: **65-0348738**  
 Applied For:  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  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country  
 25. Country  
 26. Mailing Address  
 27. Suite, Apt. #, etc.  
 28. City & State  
 29. Zip  
 30. Country

9. Name and Address of Current Registered Agent  
**COATES, JUDITH  
 1800 EMBASSY DRIVE, #120  
 WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
 81. Name: **Charlotte Brinke**  
 82. Street Address (P.O. Box Number is Not Acceptable): **10718 ANDERSON LN**  
 83.  
 84. City: **LAKE WORTH** FL 85. Zip Code: **33467-5464**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Charlotte Brinke* **Charlotte Brinke** DATE: **6-7-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>YOE, LYNN</b>	
STREET ADDRESS	<b>505 BALLTHRUST ROAD</b>	
CITY - ST - ZIP	<b>BALTIMORE MD</b>	
TITLE	<b>PDT</b>	<input type="checkbox"/>
NAME	<b>COATES, LESLIE</b>	
STREET ADDRESS	<b>4623 FOREST HILL BLVD., #111-5</b>	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>LANGLEY-ARCHER, PAT</b>	
STREET ADDRESS	<b>4623 FOREST HILL BLVD., #111-5</b>	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>LEVY, DORENE</b>	
STREET ADDRESS	<b>2898 1 TUS CT</b>	
CITY - ST - ZIP	<b>UNION NJ</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>YAE, LYNNE</b>	
STREET ADDRESS	<b>505 BATHURSS ROAD</b>	
CITY - ST - ZIP	<b>BALTIMORE MD</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **6-9-96** DAYTIME PHONE #: **407-967-3871**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)