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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
4623 FOREST HILL BLVD. SUITE 111-5 WEST PALM BEACH FL 33415
4623 FOREST HILL BLVD. SUITE 111-5 WEST PALM BEACH FL 33415-9121

3. Date Incorporated or Qualified 07/27/1992
3a. Date of Last Report 06/19/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 4623 Forest Hill Blvd.	26 4623 Forest Hill Blvd.	65-0348738	Not Applicable
Suite, Apt #, etc	Suite, Apt #, etc.		
22 Suite 109-4	27 109-4	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 West Palm Beach, FL	28 West Palm Beach, FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip Country	Zip Country		
24 33415-9120 25 Palm Beach U.S.A.	29 33415-9120 30 U.S.A		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRINKEY, CHARLOTTE 10718 ANDERSON LANE LAKE WORTH FL 33467-5464	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

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 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 YOE, LYNN 505 BALLTHRUST ROAD BALTIMORE MD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Levy Dorene
STREET ADDRESS		1.3 STREET ADDRESS	475 W. END AVE apt. 0-3
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NORTH PLAINFIELD, NJ 07060
TITLE	PDT COATES, LESLIE 4623 FOREST HILL BLVD., #111-5 WEST PALM BEACH FL	2.1 TITLE	S/T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	PAT Langley-Archer
STREET ADDRESS		2.3 STREET ADDRESS	4623 380 Sherwood Forest
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	VD LANGLEY-ARCHER, PAT 4623 FOREST HILL BLVD., #111-5 WEST PALM BEACH FL	3.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Julie Stough
STREET ADDRESS		3.3 STREET ADDRESS	14732 E Bagley Rd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Middleburg Hgts, OH 44130
TITLE	TD LEVY, DORENE 2698 1 TUS CT UNION NJ	4.1 TITLE	PD <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 do hereby 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 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: Charlotte Brinke *Charlotte Brinke* 2-9-97 561-962-3871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041322

CR2E037 (9/96)