

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90017 010 \*\*\*\*61.25

DOCUMENT # N50064

1. Corporation Name  
FOOD ADDICTS ANONYMOUS, INC.

Principal Place of Business  
4623 FOREST HILL BLVD.  
SUITE 109-4  
WEST PALM BEACH FL 33415-9120  
US

Mailing Address  
4623 FOREST HILL BLVD.  
SUITE 109-4  
WEST PALM BEACH FL 33415-9120  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/27/1992
City & State	City & State	4. FEI Number
Zip	Zip	65-0348738
Country	Country	Applied For
25	29	Not Applicable
28	30	5. Certificate of Status Desired <input type="checkbox"/>
9. Name and Address of Current Registered Agent		\$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

BRINKEY, CHARLOTTE  
10718 ANDERSON LANE  
LAKE WORTH FL 33467-5464

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		(NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS				
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS	1.1 TITLE		Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>	
CITY-ST-ZIP	1.2 NAME		1.3 STREET ADDRESS	
TITLE	1.4 CITY-ST-ZIP		2.1 TITLE	
STREET ADDRESS	2.2 NAME	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP		3.1 TITLE	
TITLE	3.2 NAME	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS	
STREET ADDRESS	3.4 CITY-ST-ZIP		4.1 TITLE	
CITY-ST-ZIP	4.2 NAME	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE	4.4 CITY-ST-ZIP		5.1 TITLE	
STREET ADDRESS	5.2 NAME	<input checked="" type="checkbox"/> DELETE	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP		6.1 TITLE	
TITLE	6.2 NAME	<input checked="" type="checkbox"/> DELETE	6.3 STREET ADDRESS	
STREET ADDRESS	6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I 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, with all other like empowered.

SIGNATURE: Charlotte Brinke SIGNATURE REQUIRED  
 EXEC. ASSIS. 1-7-99 DATE  
561-967-3871 DAYTIME PHONE #

CR2E037 (11/98)