

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000029094 (4)**  
 1. Corporation Name  
**WEIGHT MANAGEMENT CONSULTANTS, INC.**



Principal Place of Business <b>1030 BLUEGRASS LN ROCKLEDGE FL 32955</b>	Mailing Address <b>1030 BLUEGRASS LN ROCKLEDGE FL 32955</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/28/1997</b>	
21 <b>218 CHENEY Hwy</b>	26	Suite, Apt. #, etc.		4. FEI Number <b>65-0739016</b>	Applied For Not Applicable
22	27	City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 <b>TITUSVILLE FL.</b>	28	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 <b>32780</b>	25 <b>FLORIDA</b>	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**ROMAINE, JANIS D  
1030 BLUEGRASS LN  
ROCKLEDGE FL 32955**

**10. Name and Address of New Registered Agent**

81 Name <b>Romine, Janis D.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1030 BLUEGRASS LN</b>
83
84 City <b>ROCKLEDGE</b>
85 Zip Code <b>FL 32955</b>

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 *Janis D. Romaine* DATE **4/13/98**

**12. OFFICERS AND DIRECTORS**

TITLE <b>PRES</b>	<input type="checkbox"/> DELETE
NAME <b>JANIS D. ROMINE</b>	
STREET ADDRESS <b>1030 BLUEGRASS LN</b>	
CITY-ST-ZIP <b>ROCKLEDGE, FL 32955</b>	
TITLE <b>V.P.</b>	<input type="checkbox"/> DELETE
NAME <b>CAROL A. SHARON</b>	
STREET ADDRESS <b>4180 HICKORY LAKE CT.</b>	
CITY-ST-ZIP <b>TITUSVILLE, FL 32780</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>JANIS D. ROMINE</b>	
1.3 STREET ADDRESS <b>1030 BLUEGRASS LN</b>	
1.4 CITY-ST-ZIP <b>ROCKLEDGE, FL 32955</b>	
2.1 TITLE <b>PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>CAROL A. SHARON</b>	
2.3 STREET ADDRESS <b>4180 HICKORY LAKE CT</b>	
2.4 CITY-ST-ZIP <b>TITUSVILLE, FL 32780</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)