


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 650073 (0)
1. Corporation Name
DIETETIC SERVICES, INC.



Principal Place of Business 27340 HICKORY RIDGE BARRINGTON IL 60010	Mailing Address 27340 HICKORY RIDGE BARRINGTON IL 60010
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 108 DOLPHIN DR. Suite, Apt. #, etc. 22 OCEAN RIDGE, FL City & State 23 OCEAN RIDGE, FL Zip 24 33435		2a. Mailing Address 26 108 DOLPHIN DR. Suite, Apt. #, etc. 27 OCEAN RIDGE, FL City & State 28 OCEAN RIDGE, FL Zip 29 33435		3. Date Incorporated or Qualified 01/04/1980		3a. Date of Last Report 06/13/1996	
				4. FEI Number 59-1955843		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				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 WALKER, MICHAEL (DR) % DENTAL HEALTH SERVICES 3202 N BUFFALO AVE, #280 TAMPA FL 33607		10. Name and Address of New Registered Agent 81 Name MAURO J. WALKER 82 Street Address (P.O. Box Number is Not Acceptable) 108 DOLPHIN DR. 83 84 City OCEAN RIDGE FL 85 Zip Code 33435	
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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 MAURO J. WALKER VST  8/6/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, JULIA 27340 HICKORY RIDGE BARRINGTON IL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 108 DOLPHIN DR. OCEAN RIDGE FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WALKER, MAURO J. 27340 HICKORY RIDGE BARRINGTON IL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 108 DOLPHIN DR. OCEAN RIDGE FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, MAURO J. 27340 HICKORY RIDGE BARRINGTON IL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 108 DOLPHIN DR. OCEAN RIDGE FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:  MAURO J. WALKER VST 8/6/97 847 576 0462

CR2E034 (4/97)