

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F51521 (5)
1. Corporation Name
CHILDREN'S WEIGHT MANAGEMENT CLINIC, INC.



Principal Place of Business: **7301 UNIVERSITY DRIVE. #210 TAMARAC FL 33321**
Mailing Address: **7301 UNIVERSITY DRIVE. #210 TAMARAC FL 33321**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1981	3a. Date of Last Report 02/06/1995
21		26		4. FEI Number 59-2141771	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Country		Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BALOCCO, JOSEPH M 1323 SE 3RD AVENUE FT. LAUDERDALE FL 33317				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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: _____ DATE: **1-29-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATELL, ALAN D., PHD		1. 2 NAME		
STREET ADDRESS	7301 UNIVERSITY DR., 210		1. 3 STREET ADDRESS		
CITY - ST - ZIP	TAMARAC FL 33321		1. 4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			2. 2 NAME		
STREET ADDRESS			2. 3 STREET ADDRESS		
CITY - ST - ZIP			2. 4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3. 2 NAME		
STREET ADDRESS			3. 3 STREET ADDRESS		
CITY - ST - ZIP			3. 4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4. 1 TITLE	<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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alan D. Katell* **President** DATE: **1-29-96** TELEPHONE: **(954) 425-2564**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)