

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000002923 (8)

1. Corporation Name

JENNY CRAIG OPERATIONS, INC.

Principal Place of Business

445 MARINE VIEW DR., #300
DEL MAR CA 92014

Mailing Address

445 MARINE VIEW DR., #300
DEL MAR CA 92014-3997

FILED
Apr 02 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 11355 NORTH TORREY		26 11355 NORTH TORREY		06/10/1996		N/A	
22 PINES ROAD		27 PINES ROAD		4. FEI Number		Applied For	
23 LA JOLLA, CA		28 LA JOLLA, CA		33-0686391		Not Applicable	
24 92037		29 92037		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 USA		30 USA		<input type="checkbox"/>		<input type="checkbox"/>	
26 92037		31 USA		6. Election Campaign Financing		5.00 May Be Added to Fees	
27 92037		32 USA		Trust Fund Contribution		<input type="checkbox"/>	
28 92037		33 USA		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29 92037		34 USA					
30 92037		35 USA					

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address

83

84 City

P.O. Box Number is Not Acceptable)

FL

85 Zip Code

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

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	PD	1.1 TITLE	PD
NAME	LA BONTE, C J	1.2 NAME	LABONTE, C J
STREET ADDRESS	445 MARINE VIEW DR., #300	1.3 STREET ADDRESS	11355 NORTH TORREY PINES ROAD
CITY-ST-ZIP	DEL MAR CA 92014	1.4 CITY-ST-ZIP	LA JOLLA, CA 92037
TITLE	V	2.1 TITLE	V
NAME	KELLY, JAMES	2.2 NAME	KELLY, JAMES
STREET ADDRESS	445 MARINE VIEW DR., #300	2.3 STREET ADDRESS	11355 NORTH TORREY PINES ROAD
CITY-ST-ZIP	DEL MAR CA 92014	2.4 CITY-ST-ZIP	LA JOLLA, CA 92037
TITLE	DC	3.1 TITLE	DC
NAME	CRAIG, SIDNEY	3.2 NAME	CRAIG, SIDNEY
STREET ADDRESS	445 MARINE VIEW DR., #300	3.3 STREET ADDRESS	11355 NORTH TORREY PINES ROAD
CITY-ST-ZIP	DEL MAR CA 92014	3.4 CITY-ST-ZIP	LA JOLLA, CA 92037
TITLE	D	4.1 TITLE	D
NAME	CRAIG, GENEVIEVE	4.2 NAME	CRAIG, GENEVIEVE
STREET ADDRESS	445 MARINE VIEW DR., #300	4.3 STREET ADDRESS	11355 NORTH TORREY PINES ROAD
CITY-ST-ZIP	DEL MAR CA 92014	4.4 CITY-ST-ZIP	LA JOLLA, CA 92037
TITLE	T	5.1 TITLE	T
NAME	JEUB, MICHAEL	5.2 NAME	JEUB, MICHAEL
STREET ADDRESS	445 MARINE VIEW DR., #300	5.3 STREET ADDRESS	11355 NORTH TORREY PINES ROAD
CITY-ST-ZIP	DEL MAR CA 92014	5.4 CITY-ST-ZIP	LA JOLLA, CA 92037
TITLE	S	6.1 TITLE	S
NAME	SEARS, MARVIN	6.2 NAME	SEARS, MARVIN
STREET ADDRESS	2121 AVE OF THE STARS #2700	6.3 STREET ADDRESS	2121 AVE OF THE STARS, STE 2700
CITY-ST-ZIP	LOS ANGELES CA 90067	6.4 CITY-ST-ZIP	LOS ANGELES, CA 90067

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:

Jenny Craig (JAMES) S. KELLY

3/27/97 (M) 812-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)