FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G87368** **(8)**

1. Corporation Name

GORE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% ROBERT J. GORE, JR. 2717 NORTH PATRICK CIRCLE WEST PALM BEACH FL 33406	% ROBERT J. GORE, JR. 2717 NORTH PATRICK CIRCLE WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/06/1984**

3a. Date of Last Report: **06/22/1994**

2. Principal Place of Business — 21 | 2a. Mailing Address — 26

Suite, Apt. # or P.O. Box — 22 | Suite, Apt. # or P.O. Box — 27

City & State — 23 | City & State — 28

ZIP — 24 | County — 25 | ZIP — 29 | County — 30

4. FEI Number: **59-2371859** — Applied For / Not Applicable

5. Certificate of Status (optional) ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. Are you a small business as defined by section 288.703, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GORE, SANDRA
2717 NORTH PATRICK CIRCLE
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of section 607.1622, Florida Statutes, this document may be signed by the chairman of the board of directors, president or other officer or director of the corporation or a receiver, trustee or other court appointed fiduciary. Pursuant to section 607.0120, Florida Statutes, the person who signs this document shall be subject to the penalties imposed for signing a false corporate report.

SIGNATURE: [signature] 4-28-95

12. OFFICER AND DIRECTOR

TITLE	VS
NAME	GORE, ROBERT J., JR.
STREET ADDRESS	2717 N. PATRICK CIRCLE
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	DP
NAME	GORE, SANDRA
STREET ADDRESS	2717 N PATRICK CIR.
CITY-ST-ZIP	W. PALM BEACH FL

13. ADDITIONAL CHANGES TO BE MADE AT THIS TIME: ☐ Change ☐ Addition

14. I further certify that the corporation has paid all fees and penalties owed to the Department of Revenue and has filed, or is exempt from filing, all delinquent corporate income tax returns. Pursuant to Chapter 607, Florida Statutes, I further certify that the corporation has complied with all applicable requirements of Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or added in Block 13 per instructions.

SIGNATURE: [signature] 4-28-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

407 842 6106

0245067 CP

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

APPROVED AND FILED
... 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G87487 (6)

1. Corporation Name
METABOLIC CENTERS, INC.

Principal Place of Business	Mailing Address
8700 N. KENDALL DRIVE SUITE 209 MIAMI FL 33176	8700 N. KENDALL DRIVE SUITE 209 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1984
3a. Date of Last Report: 10/07/1994
4. FEI Number: 59-2423221 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business [21] — 2a. Mailing Address [26]
Suite, Apt. #, etc. [22] — Suite, Apt. #, etc. [27]
City & State [23] — City & State [28]
Zip [24] Country [25] — Zip [29] Country [30]

9. Name and Address of Current Registered Agent

MARKS, ALLAN B.
100 S. BISCAYNE BLVD.
#900
MIAMI FL 33131

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	WEISSMAN, PETER N.	
STREET ADDRESS	8700 N. KENDALL DRIVE	
CITY, ST, ZIP	MIAMI FL 33176	
TITLE	STD	☐ Change ☐ Addition
NAME	WEISSMAN JUDY	
STREET ADDRESS	8700 N. KENDALL DRIVE	
CITY, ST, ZIP	MIAMI FL 33176	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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(1)(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: Peter N. Weissman — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 (305) 274-2300
Date Daytime Phone

0182493 CP