

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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H15707** (3)

1. Corporation Name
THE WEIGHT GAME, INC.

Principal Place of Business

**8175 SW 93RD AVE.
MIAMI FL 33173**

Mailing Address

**8175 SW 93RD AVE.
MIAMI FL 33173-4111**

3. Date Incorporated or Qualified
08/08/1984

3a. Date of Last Report
06/25/1996

4. FEI Number
59-2663751

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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**LEVINE, NEAL H.
8175 SW 93RD AVE.
MIAMI FL 33173**

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 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or principal place of business, 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 of Registered Agent required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	PSD	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS	LEVINE, NEAL H.	
12.3	CITY-STATE-ZIP	8175 SW 93RD AVE.	
12.4	NAME	MIAMI FL	<input type="checkbox"/> DELETE
12.5	STREET ADDRESS		
12.6	CITY-STATE-ZIP		<input type="checkbox"/> DELETE
12.7	NAME		<input type="checkbox"/> DELETE
12.8	STREET ADDRESS		
12.9	CITY-STATE-ZIP		<input type="checkbox"/> DELETE
12.10	NAME		<input type="checkbox"/> DELETE
12.11	STREET ADDRESS		
12.12	CITY-STATE-ZIP		<input type="checkbox"/> DELETE
12.13	NAME		<input type="checkbox"/> DELETE
12.14	STREET ADDRESS		
12.15	CITY-STATE-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	TITLE	
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	TITLE	
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13	TITLE	
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17	TITLE	
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I further 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 or both, if changed, or in an attachment with an address.

SIGNATURE:

Neal H. Levine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/97
Date

305-225-7653
Daytime Phone

0233648

CR2E034 (9/96)