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 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H36738 (3)

1. Corporate Name
THE DIET PLACE, INC.

Principal Place of Business:
4900 LINTON BOULEVARD 18A
DELRAY BCH. FL 33445

Mailing Address:
4900 LINTON BOULEVARD 18A
DELRAY BCH. FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1985
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # or — 22
Suite Apt. # or — 27
City & State — 23
City & State — 28
City — 24 County — 25
City — 29 County — 30

4. I.R. Number: 65-0161911
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. The corporation has elected, or intends to elect, to be taxed under S. 1361(a) of the Internal Revenue Code ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GLOUSKY, BRSO
7771 W. OAKLAND PARK BLVD.
SUITE 205
FT LAUDERDALE FL 33351

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 607.0501 of the Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. The registered office of this corporation is located at the address shown in item 2 above and the registered agent named in item 9 above has agreed to accept the appointment as registered agent for the registered office at such address.

SIGNATURE

12.
D
SHLOSSMAN, PHYLLIS R.
760 NW 25 AVE
DELRAY BCH. FL
D
SHLOSSMAN, BERNARD
780 NW 25 AVE.
DELRAY BCH. FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY

14. I hereby certify that the facts stated in this report are true. I am familiar with the provisions of Florida Statutes, Chapter 607, and I hereby acknowledge that I am aware of the penalties provided for the filing of a false report.

SIGNATURE: B SHLOSSMAN 4/28/95 407-496-1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0207020 CP