

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

**FILED**

**May 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H36738 (3)**

1. Corporation Name  
**THE DIET PLACE, INC.**



Principal Place of Business <b>4900 LINTON BOULEVARD 18A DELRAY BCH. FL 33445</b>	Mailing Address <b>4900 LINTON BOULEVARD 18A DELRAY BCH. FL 33445-6688</b>
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3. Date Incorporated or Qualified <b>01/04/1985</b>	3a. Date of Last Report <b>08/08/1996</b>
4. FEI Number <b>65-0161911</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>1050 S. FEDERAL HIGHWAY</b>	2a. Mailing Address 26 <b>1050 S. FEDERAL HIGHWAY</b>
Suite, Apt #, etc. 22 <b>SUITE 103</b>	Suite, Apt #, etc. 27 <b>SUITE 103</b>
City & State 23 <b>DELRAY BEACH, FL</b>	City & State 28 <b>DELRAY BEACH, FL</b>
Zip 24 <b>33403</b>	Country 25 <b>Panama</b>
Country 29 <b>Panama</b>	Zip 30 <b>33403</b>

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHLOSSMAN, PHYLLIS R.</b>	
STREET ADDRESS	<b>780 NW 25 AVE</b>	
CITY - ST - ZIP	<b>DELRAY BCH. FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHLOSSMAN, BERNARD</b>	
STREET ADDRESS	<b>780 NW 25 AVE.</b>	
CITY - ST - ZIP	<b>DELRAY BCH. FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Sandra B. Mortham* **Sandra B. Mortham** 4/15/97 861-476-1785

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)