SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L24542** **(7)**

1. Corporation Name
METACORP WEIGHT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
210 EAST FORSYTH STREET 104 JACKSONVILLE FL 32202 US	210 EAST FORSYTH STREET 1717 BLANDING BLVD., SUITE 105 JACKSONVILLE FL 32202 US

2. Principal Place of Business	2a. Mailing Address
21 3015 HARTLEY ROAD	26 3015 HARTLEY ROAD
Suite, Apt. #, etc 22 SUITE 6	Suite, Apt. #, etc 27 SUITE 4A
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip / Country 24 32257 / 25 USA	Zip / Country 29 32257 / 30 USA

3. Date Incorporated or Qualified: 10/16/1989
3a. Date of Last Report: 04/25/1995
4. FEI Number: 59-3005252 ☐ 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

9. Name and Address of Current Registered Agent

FRAZIER, CLARENCE F.
210 EAST FORSYTH STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: CHARLES W. SMITHERS, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 3015 HARTLEY ROAD, SUITE 4A
83
84 City: JACKSONVILLE FL 85 Zip Code: 32257

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: Charles W. Smithers Jr. CHARLES W. SMITHERS, JR. 6/25/96
Signature, typed or printed name of person signing and title or capacity, if applicable — (Note: Registered Agent's signature required when this is checked) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☒ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	FRAZIER, CLANENCE F		12 NAME		
STREET ADDRESS	210 E FORSYTH STREET		13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP		
TITLE	DPT	☐ DELETE	21 TITLE	DP	☒ Change ☐ Addition
NAME	SUTER, MAX		22 NAME		
STREET ADDRESS	210 E FORSYTH STREET		23 STREET ADDRESS	3015 HARTLEY ROAD SUITE 6A	
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	DS	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	SUTER, ROBYN J.		32 NAME		
STREET ADDRESS	210 E FORSYTH STREET		33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE	DST	☐ Change ☒ Addition
NAME			42 NAME	CHARLES W. SMITHERS, JR.	
STREET ADDRESS			43 STREET ADDRESS	3015 HARTLEY ROAD, SUITE 4A	
CITY-ST-ZIP			44 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		☐ DELETE	51 TITLE	DV	☐ Change ☒ Addition
NAME			52 NAME	BRIAN R. KLEPPER	
STREET ADDRESS			53 STREET ADDRESS	3015 HARTLEY ROAD, SUITE 4A	
CITY-ST-ZIP			54 CITY-ST-ZIP	JACKSONVILLE, FL. 32257	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles W. Smithers Jr. CHARLES W. SMITHERS, JR 6/25/96 904-358-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #