

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

FILED
Apr 10 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # L53429 (1)
 1. Corporation Name
ALPHA WEIGHT CONTROL CENTER, INC.



| | |
|---|---|
| Principal Place of Business % RANDALL B. GREENE 601 S SEMORAN BLVD ORLANDO FL 32807 | Mailing Address % RANDALL B. GREENE 601 S SEMORAN BLVD ORLANDO FL 32807 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 142 S. Semoran Blvd. Suite, Apt. #, etc. | | 2a. Mailing Address 26 142 S. Semoran Blvd. Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 02/26/1990 | |
| 22 City & State 23 Orlando, Fl. | | 27 City & State 28 Orlando | | 4. FEI Number 59-2992432 | |
| 24 Zip 32807 | | 25 Country | | 29 Zip 32807 | |
| 25 Country | | 30 Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 26 Country | | 31 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 27 Country | | 32 Country | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent GREENE, RANDALL B. 601 S SEMORAN BLVD ORLANDO FL 32807 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name Schwartz, William H. | | 82 Street Address (P.O. Box Number is Not Acceptable) 142 S. Semoran Blvd. | | 83 | | | |
| 84 City Orlando | | 85 Zip Code FL 32807 | | 86 | | | |

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: *William H. Schwartz* **William H. Schwartz** **3-4-98**
(NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|--|
| TITLE <input checked="" type="checkbox"/> DELETE | D GREENE, RANDALL B. 601 S SEMORAN BLVD ORLANDO FL | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | P/T/S/D |
| NAME | | 1.2 NAME | Schwartz, William H. |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 142 S. Semoran Blvd. |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Orlando, Fl. 32807 |
| TITLE <input type="checkbox"/> DELETE | | 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | VP |
| NAME | | 2.2 NAME | Zoman, Linda H. |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 142 S. Semoran Blvd. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Orlando, Fl. 32807 |
| TITLE <input type="checkbox"/> DELETE | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby 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 if changed, or on an attachment with an address.

SIGNATURE: *William H. Schwartz* **William H. Schwartz** **3-4-98** **407-380-1951**

CR2E034 (10/97)