

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

FILED
Apr 10 1998 8:00am
Secretary of State

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