

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

FILED

Jan 16 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 # M86540 (5)
1. Corporation Name
WEIGHT LOSS SYSTEMS, INC.



Principal Place of Business 6160 ST. ANDREWS COURT PONTE VEDRA BEACH FL 32082	Mailing Address 615 ALHAMBRA COURT PONTE VEDRA BEACH FL 32082-2402 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 417 SEA SPRAY LANE Suite, Apt. #, etc.		2a. Mailing Address 26 417 SEA SPRAY LANE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/22/1988	
22 City & State 23 PONTE VEDRA BEACH, FL Zip 24 32082-4705 Country 25 ST. JOHN'S		27 City & State 28 PONTE VEDRA BEACH, FL Zip 29 32082-4705 Country 30 ST. JOHN'S		4. FEI Number 35-1349772 Applied For Not Applicable	
9. Name and Address of Current Registered Agent BUSCHMAN, ALBERT E., JR. 2215 SOUTH THIRD STREET SUITE 101 JACKSONVILLE BEACH FL 32250		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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Address change DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, PATRICK J. 6160 ST. ANDREWS CT. PONTE VEDRA BCH. FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	KING, Patrick J. 417 SEA SPRAY LANE PONTE VEDRA BEACH, FL 32082-4705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, ELIZABETH L. 6160 ST. ANDREWS CT. PONTE VEDRA BCH. FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	KING, ELIZABETH L. 417 SEA SPRAY LANE PONTE VEDRA BEACH, FL 32082-4705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, WILLIAM E. 708 BAYBERRY DR BARTLETT IL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Add zip code 60103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Patrick J. King 1/5/98

CR2E034 (10/97)