

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001393 (6)**

1. Corporation Name

MICHAEL'S WEIGH, INC.



Principal Place of Business 10059 WINDING LAKE RD. APT. 102, BLDG. 7 SUNRISE FL 33351		Mailing Address 10059 WINDING LAKE RD. APT. 102, BLDG. 7 SUNRISE FL 33351-5888		3. Date Incorporated or Qualified 03/22/1995		3a. Date of Last Report 01/24/1996	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0608905		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip 24		Country 25		Zip 29		Country 30	
9. Name and Address of Current Registered Agent CYNTHIA L. SHERR, P.A. 17001 NE 8TH AVE. N. MIAMI BEACH FL 33162				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			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.							
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPST <input type="checkbox"/> DELETE			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDELMA, ARLENE			1.2 NAME			
STREET ADDRESS	10059 WINDING LAKE RD., APT. 102, BLDG. 7			1.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33351			1.4 CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> DELETE			2.1 TITLE	SARAH F. COULON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMOLEN, LINDA			2.2 NAME	591 SW Duxbury Ave		
STREET ADDRESS	7121 N.W. 46TH CT.			2.3 STREET ADDRESS	PORT ST. LUCIE, FL 34983		
CITY-ST-ZIP	LAUDERHILL FL			2.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERERA, PAULINE			3.2 NAME			
STREET ADDRESS	9141 SUNRISE LAKES BLVD, BLDG 113, APT 219			3.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33322			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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)