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May 19 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 # P33953 (1)
1. Corporation Name
INTERNATIONAL ASSOCIATION OF EATING DISORDERS PROFESSIONALS, INC.



Principal Place of Business 123 N.W. 13TH ST. SUITE 206 BOCA RATON FL 33432	Mailing Address 123 N.W. 13TH ST. SUITE 206 BOCA RATON FL 33432-1618
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3. Date Incorporated or Qualified 05/08/1991	3a. Date of Last Report 03/07/1996
4. FEI Number 33-0143040	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent
**KLEIN, SHIRLEY
123 N.W. 13TH STREET
SUITE 206
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILSON, DICK	
STREET ADDRESS	123 N 13 STREET #206	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KLEIN, SHIRLEY	
STREET ADDRESS	123 N.W. 13TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOVERN, JOHN	
STREET ADDRESS	123 NW 13 STREET #206	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BRANDEBURG, JOHN D	
STREET ADDRESS	123 NW 13 STREET #206	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GANT, BOB	
STREET ADDRESS	123 NW 13 STREET #206	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CENTAFANTI, GARY	
STREET ADDRESS	123 NW 13 STREET #206	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARY CENTAFANTI	
1.3 STREET ADDRESS	123 NW 13 ST #206	
1.4 CITY-ST-ZIP	BOCA RATON FL 33432	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SHIRLEY KLEIN	
2.3 STREET ADDRESS	123 NW 13 ST #206	
2.4 CITY-ST-ZIP	BOCA RATON FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARIA SHARP	
3.3 STREET ADDRESS	123 NW 13 ST #206	
3.4 CITY-ST-ZIP	BOCA RATON FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CHARLES MORRIS	
4.3 STREET ADDRESS	123 NW 13 ST #206	
4.4 CITY-ST-ZIP	BOCA RATON FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EMMETT BISHOP JR	
5.3 STREET ADDRESS	123 NW 13 ST #206	
5.4 CITY-ST-ZIP	BOCA RATON FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Shirley K. Klein* **SHIRLEY KLEIN** 4/21/97 561 3386494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038927

CR2E037 (9/96)