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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000038943 (5)

SLIM CONCEPT WEIGHT CONTROL, INC.

Principal Place of Business Mailing Address 5113 N DAVIS HWY 5113 N DAVIS HWY SUITE 4 SUITE 4 PENSACOLA FL 32503 PENSACOLA FL 3250 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
	·· 		·			05/25/1993				
	lace of Business	2a. Mailing Address				4. FEI Number			pplied	
Suite, Apt. #, etc.		Suite, Apt #, etc.				28-3 180030	59-3198830 Not Applica			
22		27				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred			
City & State		City & State				8. Election Campaign Financing	\$5.00 May Be			
23		28				Trust Fund Contribution	Added to Fees			
Zip	Country	Žip	Cour	ıtry		8. This corporation owes or has paid the curr	_ ′	_		
24	25	[29]	30			Personal Property Tax due June 30. Yes No				
TLI	9. Name and Address of Currer DRNTON, MARGARET	nt Hegistered Agent		81	Name	10. Name and Address of New Registered	ıgeni			
	3 N DAVIS HWY									
	TE 4		82 S		Street Add	ress (P.O. Box Number is Not Acceptable)				
	ISACOLA FL 32503		83		****					
,			L	_			_			
			['	84	City	FL	85	Zip	Code	
agent. I a SIGNATURE	m tamiliar with, and accept the oblig	ations of, Section 607.0505, F	Iorida Statu TE Registered	ites.		tion's board of directors. Thereby accept the appropriate when reinstating) DATE				
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	-			
TITLE	PD Thornton, Margaret	DELETE	1.1 1111					hange	Ш	Addition
NAME	5113 N DAVIS HWY SUITE 4		1.2 NAM							
STREET ADDRESS	PENSACOLA FL		4		DORESS					
CITY+ST-ZIP TITLE	50	DELETE	1.4 CITY 2.1 TITL		- 211		□ c	hange	$\neg \Box$	Addition
NAME	ANSTEAD, DEBORAH L.	•	2.2 NAM				_		_	
STREET ADDRESS	2358 BELLEFLOWER RD		2.3 STR	2.3 STREET ADDRESS						
CITY-ST-ZIP	PENSACOLA FL		2. 4 CIT	Y-ST	- ZIP					
TITLE		☐ DELETE	3.1 TITL	.E			C	nange		Addition
NAME			3.2 NAN	ΜE						
STREET ADDRESS			3.3 STR	EET A	DORESS					
CITY-ST-ZIP		☐ DEL ETE	3.4. CIT		- 7)P		— <u>~</u>			6.4.200.4.4
TITLE		□ nereig	4.1 TITL				∐ CI	lange	<u>, </u>	Addition
NAME Street address			4. 2 NAI		DDRESS					
CITY-ST-ZIP			44 0111							
TITLE		DELETE	5 1 TITL				☐ C	nange		Addition
NAME			5.2 NAM	AE.						
STREET ADDRESS			5.3 STR	EET A	DDRESS					
CITY-ST-ZIP			5.4 CITY	Y - ST -	ZIP					
TITLÉ		DELETE	6.1 TITL	E	T		C)	ange		Addition
NAME			6.2 NAN	ΛE						
STREET ADDRESS			6.3 STR		i					
CITY-ST-ZIP		0.0.1.10	6.4 CITY			D-45-440 07(0)(0 Ft + + + + + + + + + + + + + + + + + +				
indicated officer or o	on this annual report or supplementa	al annual report is true and ac siver or trustee empowered to	curate and	1hat	my signatu	Section 119.07(3)(i), Florida Statules. I further cer ire shall have the same legal effect as if made und uired by Chapter 607, Florida Statules; and that m	ler oa	ith: th:	at ! am	n an

SIGNATURE MALORIET PLANTER

1.14

1.14.98 (850)422-3196

FILED

Jan 26 1998 8:00am

Secretary of State

R2E034 (10/97)