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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P94000038725 (5)

CAROL'S ALTERNATIVES 2 DIETING, INC.

2575 1/2 8 U			257 FO	Mailing Address 2575 1/2 S US 1 FORT PIERCE FL 34982-5922								
US			US					3. Date Incorporated or Qualified 05/18/1994		Pate of Last Re 01/1996	eporl	
Principal Place of Business 21				2a. Mailing Address 26				4. FEI Number 65-0490463		Ap	plied For of Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional		
City & State				City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t			
Zip	Zip Country 25			Zip Country 29 30			8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes No					
		Address of Curr	ent Regis	Registered Agent			10. Name and Address of New Registered Agent					
PEARSON, CAROL A				81 Name			Name					
701 Grandview BLVD. Fort Pierce FL 34982				82 Street			Street Add	ress (P.O. Box Number is Not Accept	able)			
PORT FIENCE PL 94902				83								
						84	City			85 Zip (Code	
	 								FL	-		
Office or	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 agont, 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												
							ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR	S IN 12	
TITLE	D	OTTOERS		DELETE	1.1.11	 1uf	:T	TODATION OF THE OFFI	TOLINO MIN	Change	Addition	
NAME	PEARSON, C				1.2 N	AMF	}			_ •	_	
STREET ADDRESS				1.3 STREET AC			ADDRESS					
CITY-ST-ZIP	FORT PIERC	E FL 34982					1-ZIP					
TITLE	ARIBAANI BARRAT I IR			☐ DELETE 21 TITLE						Change	Addition	
NAME	TOU OBALIDA				2.2 N							
STREET ADDRESS	FORT PIERCI						ADDRESS					
CITY-ST-ZIP	TOTAL FIELD	E I E OTOOL		DELETE	3.1 TI		S1 · ZIP			Change	Addition	
NAME				_	3.2 N		1					
STREET ADDRESS					\$.3 S1	IREET	ADORESS					
CITY-ST-ZIP					84.0	11Y-5	ST-ZIP					
TITLE				☐ DELETE	4.1 TI	1LF				☐ Change	Addition	
NAME	1				4.2 N							
STREET ADDRESS	}				J		ADDRESS					
CITY-ST-ZIP TITLE	- 			DELETE	<u>4.4 CI</u> 5.1 TI		1 - 7IP			Change	Addition	
NAME	1				5.1 N							
STREET ADDRESS							ADDRESS				•	
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TITLE				DELETE	6.111			***************************************		Change	Addition	
NAME	1				6.2 N	AME						
STREET ADDRESS					€.3 S1	IREET	ADDRESS					
CITY-ST-ZIP	<u> </u>				6.4 CI							
14. I do here informati I am an	eby certify that the ion Indicated on the officer or director	e information suppl his annual report of of the corporation	lied with the r supplem or therec	iis tiling does not qua iental annual report is elve, or trustee empo	alify for the strue and a owered to e	exe ecu exc exec	mption stated trate and that tute this repo	d in Section 119.07(3)(i), Florida Statu t my signature shall have the same leg rt as required by Chapter 607, Florida	es. I furthe jal effect a Statutes: r	or certify that is if made und and that my n	thic der oath, that name	

MANATURE.

MAN DEN LIBERTY IN

4.29-97 56/468-844

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May 09 1997 8:00am

Secretary of State