

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:07

DOCUMENT # P94000046490 (6)

1. Corporation Name
METABOLIC CONSULTANTS, INC.

Principal Place of Business Mailing Address
2402 WEST BAY DRIVE 2402 WEST BAY DRIVE
LARGO FL 34640 LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/17/1994 3a. Date of Last Report
4. FBI Number 59-2993117 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 412 S. MISSOURI AVE. 25 412 S. MISSOURI AVE.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 CLEARWATER, FL 28 CLEARWATER, FL
24 Zip 25 Zip 29 Zip 30 Zip
34616 34616

9. Name and Address of Current Registered Agent

CWJ INVESTMENTS INC.
1501-1/2 SO. DALE MABRY, #102
TAMPA FL 33629

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 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 required for principal officer, registered agent, and board of directors)

(NOTE: Registered Agent's signature required when changing)

Date

12. OFFICERS AND DIRECTORS

1. TITLE PD
NAME LANSKY, ZENA
STREET ADDRESS 2402 WEST BAY DRIVE
CITY, ST, ZIP LARGO FL 34640
2. TITLE AS
NAME CASTELLO, JOE
STREET ADDRESS 1501-1/2 SO. DALE MABRY, #102
CITY, ST, ZIP TAMPA FL 33677
3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 412 S. MISSOURI AVENUE
1.4 CITY, ST, ZIP CLEARWATER, FL 34616
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information is correct and true, and that I am an officer or director of the corporation, or the person or persons authorized to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 1, or Block 1, if changed, of the corporation's annual report.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/95

(813)298-0404