

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000049706 (2)

1. Corporation Name

WEIGH-LITE, INC.



Principal Place of Business

Mailing Address

18855 N.E. 2ND AVE., #202-
NORTH MIAMI BEACH FL 33162

17300 N.W. 7TH AVE.
STE. 404
MIAMI FL 33169

O.K.

2. Principal Place of Business

2a. Mailing Address

21 17330 N.W. 7TH AVE

26 17330 N.W. 7TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 404

27 SUITE # 404

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip Country

Zip Country

24 33169 25 U.S.A.

29 33169 30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

09/26/1995

4. FEI Number

65-0169763

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

BAGAN, EARL S
215 N. FEDERAL HIGHWAY
DANIA FL 33004

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 type: For production of registered agent and board agent only.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D ENGLISH, SCOTT R M.D.
18855 N.E. 2ND AVE., #202-
NORTH MIAMI BEACH FL 33162

☐ DELETE

D LIERMAN, SONDR
18855 N.E. 2ND AVE., #202-
NORTH MIAMI BEACH FL 33162

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 17330 N.W. 7TH AVE # 404

1.4 CITY-STATE-ZIP MIAMI, FL 33169

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 17330 N.W. 7TH AVE # 404

2.4 CITY-STATE-ZIP MIAMI, FL 33169

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT R. English 3/4/96 (305) 651-9988

M.D.

Daytime Phone #

CR2E034 (12/95)