

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000048990 (2)

1. Corporation Name

OLYMPIA WEIGHT CONTROL CLINIC, INC.



Principal Place of Business

20335 BISCAYNE BLVD.
ADVENTURA FL 33180

Mailing Address

20335 BISCAYNE BLVD.
ADVENTURA FL 33180

3. Date Incorporated or Qualified

06/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, BARBARA
19940 NE 22 CT.
MIAMI FL 33180

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 typed or printed name of registered agent and Florida corporation

Signature typed or printed name of registered agent and Florida corporation

Signature typed or printed name of registered agent and Florida corporation

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

KAPLAN, BARBARA

STREET ADDRESS

19940 NE 22 CT.

CITY-STATE-ZIP

MIAMI FL 33180

TITLE

D

☐ DELETE

NAME

CICALE, PETER

STREET ADDRESS

633 GOLDEN BEACH DR.

CITY-STATE-ZIP

MIAMI BEACH FL 33180

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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STREET ADDRESS

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

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☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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***200.00

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

CR2E034 (12/95)