

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

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000037430 (1)**

1. Corporation Name  
**DIET COUNSELORS OF AMERICA, INC.**

Principal Place of Business <b>2699 STIRLING RD. SUITE C-407 FT LAUDERDALE FL 33312</b>	Mailing Address <b>2699 STIRLING RD. SUITE C-407 FT LAUDERDALE FL 33312-6546</b>
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2. Principal Place of Business 21 <b>6200 STIRLING Rd.</b>		2a. Mailing Address 26 <b>6200 STIRLING Rd.</b>		3. Date Incorporated or Qualified <b>04/24/1996</b>		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0663265</b>		Applied For Not Applicable	
City & State 23 <b>DAVIE, FL</b>		City & State 27 <b>DAVIE, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33314</b>		Country 25 <b>BROWARD</b>		Zip 29 <b>33314</b>		Country 30 <b>BROWARD</b>	
9. Name and Address of Current Registered Agent <b>TISHMAN, WILLIAM 2699 STIRLING RD, SUITE C-407 FT LAUDERDALE FL 33312</b>				10. Name and Address of New Registered Agent 81 Name <b>TISHMAN, WILLIAM</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6200 STIRLING Road</b> 83 84 City <b>DAVIE</b> FL 85 Zip Code <b>33314</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TISHMAN, WILLIAM</b> <b>2699 STIRLING RD, SUITE C-407</b> <b>FT LAUDERDALE FL 33312</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>D</b> <b>TISHMAN, WILLIAM</b> <b>6200 STIRLING Rd.</b> <b>DAVIE, FL 33314</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PO</b> <b>BOTKNECHT, JONAH DR</b> <b>2699 STIRLING RD, SUITE C-407</b> <b>FT LAUDERDALE FL 33312</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>P/D</b> <b>BOTKNECHT, JONAH DR.</b> <b>6200 STIRLING Rd.</b> <b>DAVIE, FL 33314</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**4/22/97 (954) 964-6774**

Date Daytime Phone #

0271647

CR2E034 (9/96)