## 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

DOCUMENT # P9600054047 (1)

DIET SYSTEMS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

## FILED Apr 23 1997 8:00am Secretary of State



2475 WEST PA DELAND FL 32		2475 WEST PARK ROAD DELAND FL 32724-3024								
						3. Date Incorporated or Qualified 06/25/1996	3a. Date	of Last I	Report	
<del></del>	ace of Business	2a. Mailing Address	<b>├</b> ¬			4. FEI Number			pplied For	
21		26			59-33 9 0 5 8 3 Not Applicab					
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip <b>24</b>	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
	9. Name and Address of Curr					10. Name and Address of New Re	gistered Ag	ent		
STA	CY A. ECKERT, P.A.		1	81 N	ame					
241	5 SOUTH VOLUSIA AVENUE /	A-4	Ī	<b>32</b> S1	reet Addr	ect Address (P.O. Box Number is Not Acceptable)				
ORA	NIGE CITY FL 32763		1	33			<del></del>			
			ī	84 C	ty		FL	<b>85</b> 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										
12.	Signature, typed or printed name of registered  OFFICERS 4	AND DIRECTORS	13.	Agent sig	riature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE FBS AND F	IRECTO	RS IN 12	
TITLE	D	DELETE	1.1 Tift	.E	<u></u>	715577101101011111111111111111111111111		Change	Addition	
NAME	LEBLANC, PHYLLIS D		1.2 NAM	ΛE						
STREET ADDRESS	2475 WEST PARK ROAD		1.3 STR	1.3 STREET ADDRESS						
CITY-ST-ZIP	DELAND FL 32724				,					
TITLE	D	DELETE 2.11			ĺ			Change	Addition	
NAME	LEBLANC, RENE J JR	2.21		2.2 NAME						
STREET ADDRESS	2475 WEST PARK ROAD 2.3			EET ADD	RESS					
CITY-ST-ZIP	DELAND FL 32724			2. 4 CITY - ST - ZIP			· · · · · · · · · · · · · · · · · · ·	<b>-</b>		
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NAME			3.2 NAM							
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CITY-SF-ZIP				Y - ST - ZII						
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CITY-ST-ZIP				Y-ST-ZI						
TITLE	DELETE			61 TITLE				Change	Addition	
NAME			6.2 NAM	ME						
STREET ADDRESS			63 S1H	IEET ADD	RESS					
CITY-ST-ZIP			6.4 CII	Y-S1-ZI	,					

4. 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:

Phyllis X 2

4-16-97

407-339-2383