


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

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # P97000101745 (2)

1. Corporation Name

GREENHOUSE WEIGHT LOSS CENTER, INC.



Principal Place of Business 3611 W. HILLSBOROUGH AVE. SUITE 210 TAMPA FL 33614	Mailing Address 3611 W. HILLSBOROUGH AVE. SUITE 210 TAMPA FL 33614
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3031 W. Cypress ST. Suite, Apt. #, etc. 22 B City & State 23 TAMPA FL Zip 24 33609		2a. Mailing Address 26 3031 W. Cypress ST. Suite, Apt. #, etc. 27 B City & State 28 TAMPA FL Zip 29 33609		3. Date Incorporated or Qualified 11/20/1997	
Country 25 U.S.A.		Country 30 U.S.A.		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLON, LETICIA 9312 W. FLORA ST. TAMPA FL 33615				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3418 SKYSAIL PL 83 84 City TAMPA FL FL 85 Zip Code 33607-5828	
----------------------------------------------------------------------------------------------------------	--	--	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLON, LETICIA			1.2 NAME			
STREET ADDRESS	9312 W. FLORA ST.			1.3 STREET ADDRESS	3418 SKYSAIL PL		
CITY-ST-ZIP	TAMPA FL 33615			1.4 CITY-ST-ZIP	TAMPA FL 33607-5828		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLON, SAUL			2.2 NAME			
STREET ADDRESS	9312 W. FLORA ST.			2.3 STREET ADDRESS	3418 SKYSAIL PL		
CITY-ST-ZIP	TAMPA FL 33615			2.4 CITY-ST-ZIP	TAMPA FL 33607-5828		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIGUEROA, JENNETTE			3.2 NAME			
STREET ADDRESS	9312 W. FLORA ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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: LETICIA COLON Leticia Colon 4/18/98 813-998-9049

CR2E034 (10/97)