COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## OCUMENT # P9800003609

Country

9. Name and Address of Current Registered Agent

25

JORDAN, EDWARD P II ESQ.

13543 EAST HIGHWAY 50 CLERMONT FL 34711

DIETETIC ASSOCIATES, INC.

ncipal Place of Business

413 N. GREATER HILLS BLVD. ERMONT FL 34711

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

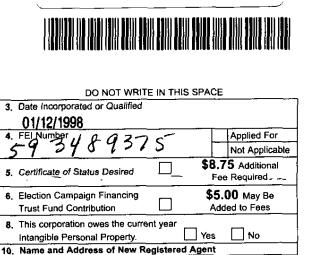
28 Zip

29

POST OFFICE BOX 121130 CLERMONT FL 34711

## FILED Jan 25, 1999 8:00 am Secretary of State

01-25-1999 90054 048 \*\*\*150.00 07-09-1999 90008 033 \*\*\*550.00



85

Zip Code

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. Lam familiar with and accept the obligations of, section 607.0505, Florida Statutes.

Country

81

83

84 City

Street Address (P.O. Box Number is Not Acceptable)

30

agent. I am ramiliar with, and accept the obligations of, section dor, occopy, Florida Statutes.			
GNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
_ <del></del>	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
.E	D DELETE	1.1 TITLE	Change Addition
ME {	RUPPE, DIANNE	1.2 NAME	
EET ADDRESS	11413 N. GREATER HILLS BLVD.	1.3 STREET ADDRESS	
Y-ST-ZIP	CLERMONT FL 34711	1.4 CITY-ST-ZIP	
LE	DELETE	2.1 TITLE	Change Addition
ME		2.2 NAME	•
REET ADDRESS		2.3 STREET ADDRESS	1
Y-ST-ZIP		2.4 CITY-ST-ZIP	- · · · · · · · · · · · · · · · · · · ·
LE	DELETE	3.1 TITLE	Change Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	DELETE	4.1 TITLE	Change Addition
ME (		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	DELETE	5.1 TITLE	Change Addition
AE		5.2 NAME	
REET ADDRESS	•	5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	DELETE	6.1 TITLE	Change Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	6.4 CtTY-ST-ZIP	ACCOMUNICATION The state of the

. I hereby certify that the information supplied with this filling 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

Varsicox Puppe EQUIRED

2/99 352 2422681

R2E034 (5/99)