

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90084 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000080894
 1. Corporation Name
DownSize Weight Loss System, Inc.

Principal Place of Business: 6538 W. ATLANTIC Blvd. MARGATE, FL 33063
 Mailing Address: 6538 W. ATLANTIC Blvd. MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9-15-98

4. FEI Number: 65-0890710 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent
Michael R. Rechter
316 U.E. 11th Ave.
FT. LAUDERDALE, FL 33301

10. Name and Address of New Registered Agent (81-85)

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] DATE: 5/17/99

12. OFFICERS AND DIRECTORS

TITLE	<u>PRESIDENT</u>	<input type="checkbox"/> DELETE
NAME	<u>MICHAEL RECHTER</u>	
STREET ADDRESS	<u>316 U.E. 11th Ave</u>	
CITY-ST-ZIP	<u>FT. LAUDERDALE, FL 33301</u>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 5/17/99 Daytime Phone #

CR2E034 (11/98)