FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

DOCUMENT # S57330 (0)

1. THE DIET DIPPER, INC.

Principal Office Address
7907 NW 71 CT
TAMARAC FL 33321

Mailing Address
7907 NW 71 CT
TAMARAC FL 33321

3. Date of Last Report: 06/05/1991
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
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24 25

2a. Mailing Address
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29 30

4. FEI Number: 65-0269062
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 has filed or is exempt from filing under S. 100.07(3), Florida Statutes. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENBERG, BRUCE L.
7907 NW 71 CT
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 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: [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1994	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	GREENBERG, BRUCE L.	NAME	
STREET ADDRESS	7907 NW 71 CT	STREET ADDRESS	
CITY	TAMARAC FL	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	GREENBERG, JODY A.	NAME	
STREET ADDRESS	7907 NW 71 CT	STREET ADDRESS	
CITY	TAMARAC FL	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY ST ZIP	

14. I hereby certify that the officers and directors listed above, including any additions and changes, are duly elected or appointed officers and directors of the corporation and that no separate shareholder list is made under Section 607.0505, Florida Statutes. I further certify that I have made or caused to be made a diligent search of the records of the corporation and of the records of the secretary of state of the state of incorporation to determine the identity of the registered agent as required by Chapter 607, Florida Statutes, and that, to the best of my knowledge, information and belief, the information contained herein is true and correct.

SIGNATURE: Bruce L. Greenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95 305 726 9252
DATE TELEPHONE NUMBER

0229001 CP