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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

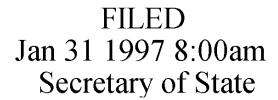
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # V15888

METABOLIC WEIGHT LOSS CENTER OF OCALA, INC.





Principal Pla	ace of Business	Mailing Address	ailing Address			
3229 HIGHWAY 17 NORTH GREEN COVE SPRINGS FL 32043		3229 HIGHWAY 17 NORTH GREEN COVE SPRINGS FL 32043-8372		372		
					3. Date Incorporated or Qualified 3a. Date of Last Report 02/17/1992 04/15/1996	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26	26		59-3112852 Not Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.	27		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Z _i p	Cor	intry	8. This corporation has liability for intengible tax under s. 199.032,	
24	25	29	30		Florida Statutes Yes No	
	9. Name and Address of Curre	nt Registered Agent		81 Nan	10. Name and Address of New Registered Agent	
\$0	SOILEAU JOHN W.				ne	
3229 HWY 17 NORTH GREEN COVE SPRINGS FL 32043				82 Stre	eet Address (P.O. Box Number is Not Acceptable)	
	ALL COLL COLLEGE			83		
				84 City	FL 85 Zip Code	
44 Purcune	et to the requirience of Sections 607.05	02 and 607 1609 Florida Statut	toc the a	hove-nam		
agent. I SIGNATURE	E. Sigration Typed or perfect can e of regestered in	pent and title Tapp icable. (NO	FE. Registere		ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered ature required when remstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THILE	PSD	☐ DELETE	1.1 7		☐ Change ☐ Addition	
NAME	SOILEAU, JOHN W.		1.2 N			
STREET ADDRESS				TREE! ADDRES	22	
CITY ST-ZIP	ORANGE PARK FL	☐ DELETE	2.1 T	17Y-\$T-ZIP	Change Addition	
NAME	VPD FITE, FRANCES	L. J DELETE	2.2 N		U Origing	
STREET ADORESS				TREET ADDRES	22	
Orty-ST-ZIP	HARBOR OAKS FL			CITY-ST-ZIP	33	
TITLE	TIALDON GANGTE	☐ DELETE	3.1 T		☐ Change ☐ Addition	
NAME			32 N			
STREET ADDRESS	s			TREET ADDRES	ss	
CITY-SI-ZIP			34.0	CITY-ST-ZIP		
THE		DELETE	4.1 T		Change Addition	
NAME	•		4.21	NAME		
STREET ADORES	ss		4.3 S	TREET ADDRES	22	
CITY-ST-2IF			4.4 0	ITY-ST-ZIP		
TITLE		DELETE	5.1 T	ITLE	☐ Change ☐ Addition	
NAME			5.2 N	IAME		
STHEET ADDRESS	is i		5.3 S	TREET ADDRES	SS .	
CITY - ST - ZIP			5.4 0	ITY-ST-ZIP		
TITLE		☐ DELETE	6.1 T	ITLE	Change Addition	
NAME			6.2 N	AME		
STREET ADDRESS	S		635	TREET ADDRES	SSS	
CITY-ST-ZIP			640	HTY-ST-ZIP		

14. 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:

RE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #