FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V16140 (8)

1. Corporate Name

METABOLIC WEIGHT LOSS CENTER OF ST. AUGUSTINE, I NC.

Principal Place of Business: 3229 HIGHWAY 17 NORTH, GREEN COVE SPRINGS FL 32043

Mailing Address: 3229 HIGHWAY 17 NORTH, GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1992
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3112856 [ ] 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 liability for intangible tax under s. 199.032, Florida Statutes. X Yes [ ] No

2. Principal Place of Business (21), Suite, Apt. # etc. (22), City & State (23), Zip (24), Country (25)
2a. Mailing Address (26), Suite, Apt. # etc. (27), City & State (28), Zip (29), Country (30)

9. Name and Address of Current Registered Agent

SOILEAU JOHN W.
3229 HWY 17 NORTH
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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 s. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS / 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12. Officers and Directors	13. Additions/Changes	Change	Addition
TITLE: D NAME: SOILEAU, JOHN W. STREET ADDRESS: 6191 WEST SHORES ROAD CITY-ST-ZIP: ORANGE PARK FL	NO LONGER DIRECTOR	X	[ ]
TITLE: S NAME: SOILEAU, NINA STREET ADDRESS: 6191 WEST SHORES ROAD CITY-ST-ZIP: ORANGE PARK FL	P, S, D	X	[ ]
TITLE: D NAME: FITE, FRANCES STREET ADDRESS: 5679 RIVERSIDE DR CITY-ST-ZIP: HARBOR OAKS FL	VP	X	[ ]
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		[ ]	[ ]
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		[ ]	[ ]
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		[ ]	[ ]

14. I hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(1) Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Nina Soileau 4/26/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006031 CP