FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # V50521 (6)

95 MAY -1 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. METABOLIC RESEARCH CENTER OF EAST JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
3229 HWY 17 N GREEN COVE SPRINGS FL 32043	3229 HWY 17 N GREEN COVE SPRINGS FL 32043

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated	06/30/1992
3a. Date of Last Report	04/05/1994
4. FEI Number	59-3128160 (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

9. Name and Address of Current Registered Agent

SOILEAU, JOHN W.
3229 HWY 17 N
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 Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	P, S — [X] Change [ ] Addition
NAME	SOILEAU, JOHN W.	NAME	
STREET ADDRESS	6191 W SHORES RD	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	CITY-ST-ZIP	
TITLE	D	TITLE	[X] Change [ ] Addition
NAME	SOILEAU, NINA	NAME	NO LONGER DIRECTOR
STREET ADDRESS	6191 W SHORES RD	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	CITY-ST-ZIP	
TITLE	D	TITLE	VP — [X] Change [ ] Addition
NAME	WILLIAMS, INA	NAME	(NO LONGER DIRECTOR)
STREET ADDRESS	7691 LAS PALMAS WAY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. [illegible]

SIGNATURE: [signature] 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006021 CP