

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

FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M86540 (5)

1. Corporation Name
WEIGHT LOSS SYSTEMS, INC.



Principal Place of Business 6180 ST. ANDREWS COURT PONTE VEDRA BEACH FL 32082	Mailing Address 6180 ST. ANDREWS COURT PONTE VEDRA BEACH FL 32082-2002
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3. Date Incorporated or Qualified 06/22/1988	3a. Date of Last Report 02/16/1996
4. FEI Number 35-1349772	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 ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 615 Alhambra Court 27 Suite, Apt. #, etc. 28 Ponte Vedra Beach, FL 29 32082-2402 30 St Johns
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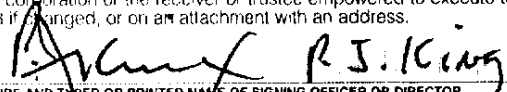
9. Name and Address of Current Registered Agent BUSCHMAN, ALBERT E., JR. 2215 SOUTH THIRD STREET SUITE 101 JACKSONVILLE BEACH FL 32250	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. 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, am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature required for person named as registered agent and also, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KING, PATRICK J.	1.2 NAME	
STREET ADDRESS	6180 ST. ANDREWS CT.	1.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BCH. FL	1.4 CITY- ST- ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KING, ELIZABETH L.	2.2 NAME	
STREET ADDRESS	6180 ST. ANDREWS CT.	2.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BCH. FL	2.4 CITY- ST- ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KING, WILLIAM E.	3.2 NAME	
STREET ADDRESS	708 BAYBERRY DR	3.3 STREET ADDRESS	
CITY- ST- ZIP	BARTLETT IL	3.4 CITY- ST- ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- 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:  5/24/97 904 855375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)