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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthan

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name S47124

(0)

POWER SMOOTHIE, INC.

FILED Mar 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					n bibil kilin dabi	
2331 S. UNIVERSITY DRIVE	2331 S. UNIVERSITY DRIVE DAVIE FL 33324	•				
DAVIE FL 33324			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified		
				04/19/1991		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 160 3. University PC	26 160 9. 41:38	a us	<u>~</u>	65-0322772		Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		-	5. Certificate of Status Desired	1 1 '	75 Additional
55 Enius @				Fee Required		
City & State				6. Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip Country		Zip Country				ided to Fees
24 33324 25		30		8. This corporation owes or has property Tax due Jun		Intangible No
9. Name and Address of Curre		201		10. Name and Address of New R		
SANDLER, ERIC B.		81 N	ame			
6401 S.W. 87TH AVE.		82 St	root Addro	ess (P.O. Box Number is Not Accepte	abla)	
SUITE 200		102 31	reet Addre	ss (F.O. Box Number is Not Accepte	aDIO)	
MIAMI FL 33173		83				
		84 Ci	ity	· · · · · · · · · · · · · · · · · · ·	les	Zip Code
•		34	ıy		FL 85	Zip 0008
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat 	02 and 607.1508, Florida Statutes	the above-na	med corpo	oration submits this statement for the	purpose of changi	ing its registered
agent. I am familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statutes.	corporatio	or a board of directors. Thereby according	spr me appointmen	it as registered
SIGNATURE						
Signature, typed or printed name of registered a		Registered Agent sig	nature required		DATE	F
12. OFFICERS A	ND DIRECTORS DELETE	13.	7	ADDITIONS/CHANGES TO OFF	Chai	
NAME GENOVESE, MICHAEL E.		1.2 NAME	de	endure, Michael E	<u> </u>	nge 🗀 recition
STREET ADDRESS 2419 GULFSTREAM LANE		1.3 STREET ADDI		160 50 2040	7	[8
CITY-ST-ZIP FT LAUDERDALE FL		1.4 CITY-ST-ZIP		·	23324	
TITLE	DELETE	2.1 TITLE			Chai	nge Addition S
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDR	RESS	٠.	•	[
CITY-ST-ZIP		2. 4 CITY - ST - ZIF				
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NAME .		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDE	₹ESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIF	<u>, </u>			
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NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDR	KESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP				
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NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDR	ESS			
CITY-ST-ZIP		5.4 CITY - ST - ZIP				
TITLE	☐ DELETE	6.1 TITLE			Char	nge 🔲 Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDR	iess			}
CITY-ST-ZIP	to a training	6.4 CITY - ST - ZIP		110 000000		
14. I hereby certify that the information supplied	with this filing does not qualify for	the exemption	stated in S	section 119.07(3)(i), Florida Statutes.	i runther certify that	t 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. EMIDHAELE. GENOVERO/8/9V ASD 300-3913

SIGNATURE: