PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kutherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$47124

Corporation Name

POWER SMOOTHIE, INC.

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Principal Place	e of Business	Mailing Address		. I Surge of the state of the s			
160 S UNIVERS	SITY DR	160 S UNIVERSITY DR					
SUITE 8 SUITE 8				DO NOT WRITE IN T	HIS SPACE		
PLANTATION FL	L 33324	PLANTATION FL 33324		3. Date incorporated or Qualifed	1100		
US		us		· ·		Į.	
				04/19/1991 4. FEI Number	Acc	lied For	
2. Principal Pl	face of Business	2a. Mailing Address				Applicable	
21		26		65-0322772	\$8.75 A		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5Cértificate of Status Desired.	Fee Req		
22	·				-		
- City & State	8	City & State		-6. Election Campaign Financing	\$5.00-N Added to		
23	·	28		Trust Fund Contribution		71 808	
Zip	Country	Zip	Country	6. This corporation owes the current year	arin cangible ∐Yes 』	No	
24 .	25	29 3	0	Personal Property Tax. 10. Name and Address of New Registe			
	9. Name and Address of Cur	Tent Registered Agent	94 11	10. Name and Address of New Register	- O		
		•	81 Name	IOHN KRUMENACKO	<u> </u>		
-	DLER, ERIC B.		82 Street A	dress (P.O. Box Number is Not Acceptable)		1	
6401	I S.W. 87TH AVE.		تـــــــا	1 20 NW 12 - SIKEE	<u> </u>		
	TE 200		83	DIANTATION FI			
MIAN	MI FL 33173		84 City	- 113 W + 13 / 10 14 / 1 / 1 / 1	85 Zip C	ode	
			14.1		FI トンコ	324	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	, the above-named co	rporation submits this statement for the purpos	e of changing its r	registereti Istered	
	enistered agent, or both, in the St	ate of Florida. Such change was auti	norized by the corpora	SHOW & DORLD OF DILECTORS. I MALERTY SECRED FRIENDS	Afforting to 198	1515150	
OHICE OF I	Complete the later and the later and the	limitions of Carrion 607 0505 Florid	a Statutes	11151 GC	Se		
egent. 1 a	m familiar with, and accept the ob	ligations of, Section 607.0505, Florid	a Statutes.	proration submits this statement for the purpos ation's board of directors. I hereby accept the a	Y	Į	
agent. 1 a			a Statutes.	ulrad when reinstating) DAT			6
SIGNATURE	Signature, typed drippled name of registered		agistered Agent algorature requ	ultad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	E S AND DIRECTOR	RS IN 12	1,408)
SIGNATURE	Signeture, typed drippled name of registered OFFICERS	agent and title if applicable. (NOTE: R	agistered Agent algorature requ	ultad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:			(11/08)
SIGNATURE 12. TITLE	Signature, typed drippfland name of registered OFFICERS	agent and title if applicable. (NOTE: R AND DIRECTORS	agistered Agent algorature requ	ultad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	E S AND DIRECTOR	RS IN 12	
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signeture, typed draphed name of registered OFFICERS P GENOVESE, MICHAEL E. 9116 N SW 20TH CT	agent and title if applicable. (NOTE: R AND DIRECTORS	agistered Agent algorature required. 13. 1.1 TITLE 12 NAME	ADDITIONS/CHANGES TO OFFICERS ENSUESE MICHAEL 200 20 COURT	S AND DIRECTOR	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signeture, typed druppfeed name of registered OFFICERS P GENOVESE, MICHAEL E.	agent and title if applicable. (NOTE: R AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ultad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTOR	RS IN 12	
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14. I 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 fannual 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 inchanged, or on an attachment with an address, with all other like empowered.

62 NAME

6 3 STREET ADDRESS

CICNIATUDE

NAME

STREET ADDRESS

SISTINATURE REQUIREMENTALE GENOVESE

(954)370-3913

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90175 037 ***150.00

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