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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000005320

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90042 001 ***150.00

POWERS HEALTH SYSTEMS, I				ĺ	
Principal Place of Business				1 188(198 (1)4 (8(1) (82)) 82(1) 82(1) 82(1)	
1230 POWERS AVENUE	Mailing Address				[8] 88(8) 8 88 8 80 88 0
HOLLY HILL FL 32117	1230 POWERS AVENUE HOLLY HILL FL 32117				
2. Principal Place of Business				DO NOT WRITE IN TO	HIS SPACE
<u>1 </u>	2a. Mailing Addres	 ss		10/1()/1997	
Suite, Apt. #, etc.	26	_		4. FEI Number	
City & State	Suite, Apt. #, et	tc.		<u>59-3443432</u>	Applied For
Sily & State	City & State			5. Certifcate of Status Desired	\$8.75 Additional
Zip	28			+	Fee Required
Country 25	Zip			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
9. Name and Address of C	29	Cou 30	ntry	This corporation owes the current year in Personal Property Tax	Added to Fees
9. Name and Address of Curr	rent Registered Agent			Personal Property Tax.	ntangible
OLI, PAMELA			81 Name	10. Name and Address of New Registered	☐Yes ☐No
1230 POWERS AVENUE		ļ.	}		Agent
HOLLY HILL FL 32117			82 Street Add	t Address (P.O. Box Number is Not Acceptable)	
		J	53		_
Pursuant to the provisi-		. 8	4 City		设设 以明月 初
office or registered agent, or both, in the State	02 and 607.1508, Florida Sta	atuto a u		1	86 7 0
MATURE	of Florida. Such change wa	s authoris	ve-named corr	oration - L	21b Code
		2 annionzed p	V the corporation	oration submits this statement for the	_L [
Signature, typed or printed see		Florida Statute	y the corporations.	on's board of directors. I hereby accept the appoint	changing its registered
				oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	hanging its registered tment as registered
P OFFICERS AN	ID DIRECTORS (NO		y the corporations. Int signature required	when reinstating)	3.2.0.00
P OFFICERS AN OLI, PAMELA		TE: Registered Age		when reinstating)	3.2.0.00
P OFFICERS AN OLI, PAMELA ADDRESS 1144 BARBARA DRIVE	ID DIRECTORS (NO	DTE: Registered Age		when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
P OFFICERS AN OLI, PAMELA ADDRESS 1144 BARBARA DRIVE	ID DIRECTORS (NO	13. 1.1 TITLE 1.2 NAME	int signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	3,210,00
P OLI, PAMELA 1144 BARBARA DRIVE DAYTONA BEACH FL 32117	IT and title if applicable (NO ID DIRECTORS	13.	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
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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 dicated 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 an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 252 7082