

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90033 005 \*\*\*150.00

DOCUMENT # J37447

1. Corporation Name

THE POWER WITHIN INSTITUTE, INC.

Principal Place of Business

2743 JANET ST. NW  
MATLACHA FL 33909  
US

Mailing Address

2743 JANET ST. NW  
MATLACHA FL 33909  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1986

4. FEI Number

59-2737529

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 344 DAYTON STREET

Suite, Apt. #, etc.

22 Apt. # 111

City & State

23 MADISON, WI

Zip

24 53703

25

USA

2a. Mailing Address

26 344 WEST DAYTON ST.

Suite, Apt. #, etc.

27 # 111

City & State

28 MADISON, WI

Zip

29 53703

30

USA

9. Name and Address of Current Registered Agent

JOAN MARGARET MAKI  
2743 JANET ST.  
MATLACHA FL 33993

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
JOAN MARGARET MAKI  
STREET ADDRESS 2743 JANET ST  
CITY-ST-ZIP MATLACHA FL 33993

TITLE ☐ DELETE

NAME VP  
FERGUSON, DONALD C  
STREET ADDRESS 2743 JANET ST  
CITY-ST-ZIP MATLACHA FL 33993

TITLE ☐ DELETE

NAME D  
LO MONACO, KATHERINE  
STREET ADDRESS 315 NORTH MAIN  
CITY-ST-ZIP CANASTOTA NY 13032

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

344 W. DAYTON ST, #111

MADISON, WI 53703

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: *Joan Margaret Maki* JOAN MARGARET MAKI 1/20/99 (608)294-0906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)