

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

FILED

Feb 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000056380 (7)

1. Corporation Name  
POWER SMOOTHIE FRANCHISING INC.



Principal Place of Business 4822 N FED. HWY SUITE 218-B FT. LAUDERDALE FL 33308 US	Mailing Address 4822 N FED HWY. SUITE 218-B FT. LAUDERDALE FL 33308 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 160 UNIVERSITY DR Suite, Apt. #, etc. 22 SUITE B City & State 23 PLANTATION, FL. Zip 24 33324		2a. Mailing Address 26 160 UNIVERSITY DR Suite, Apt. #, etc. 27 SUITE B City & State 28 PLANTATION, FL. Zip 29 33324		3. Date Incorporated or Qualified 08/03/1993	
				4. FEI Number 65-0577274	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PASCAL, ROBERT A ESQ. 300 S.W. 7TH AVE. FT. LAUDERDALE FL 33312				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE D PRESIDENT				1.1 TITLE President			
1.2 NAME GENOVESE, MIKE				1.2 NAME Michael Genovese			
1.3 STREET ADDRESS 2419 GULFSTREAM LANE				1.3 STREET ADDRESS 160 UNIVERSITY DR.			
1.4 CITY-ST-ZIP FT. LAUDERDALE FL				1.4 CITY-ST-ZIP PLANTATION, FL. 33324			
2.1 TITLE				2.1 TITLE			
2.2 NAME				2.2 NAME			
2.3 STREET ADDRESS				2.3 STREET ADDRESS			
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5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP			
6.1 TITLE				6.1 TITLE			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP				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. I changed or on an attachment with an address.

SIGNATURE:

MICHAEL GENOVESE 2/24/98 (954) 370-3913

CR2E034 (10/97)