

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000048868 (1)

1. Corporation Name

POWERHOUSE GYMNASTICS, INC.

Principal Place of Business

709 SAMMS AVENUE, UNIT E
PORT ORANGE FL 32127

Mailing Address

709 SAMMS AVENUE, UNIT E
PORT ORANGE FL 32127

FILED
Apr 21 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1994

Applied For

59-3270410

Not Applicable

4. FEI Number

59-3270410

\$8.75 Additional
Fee Required

5. Certificate of Status Desired

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

8. Name and Address of Current Registered Agent

KEIRSTEAD, PETER C
709 SAMMS AVENUE, UNIT E
PORT ORANGE FL 32127

81. Name Melanie J Haring

82. Street Address (P.O. Box Number is Not Acceptable)
709 Samms Ave

83. Suite E

84. City Port Orange FL 85. Zip Code 32119

9. Name and Address of New Registered Agent

10. 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 *Melanie J Haring* Melanie J Haring owner 4-15-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEIRSTEAD, PETER C 2435 ANASTASIA DRIVE SOUTH DAYTONA FL 32119	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PVTTS/D/C/11 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Melanie Haring Dr #1817 600 Jimmy Ann Daytona Beach PL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEIRSTEAD, SHAYLAN N 2435 ANASTASIA DRIVE SOUTH DAYTONA FL 32119	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

(904)760-

SIGNATURE: *Melanie J Haring* Melanie Haring 4-15-98 1445

CR2E034 (10/97)