

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

FILED

Feb 13 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 # **P95000033196 (3)**

1. Corporation Name
POWER SMOOTHIE 2, INC.

Principal Place of Business
**2331 SOUTH UNIVERSITY DR.
DAVIE FL 33324**

Mailing Address
**2331 SOUTH UNIVERSITY DR.
DAVIE FL 33324**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 160 S. UNIVERSITY DR Suite, Apt. #, etc. 22 SUITE B City & State 23 PLANTATION Zip 24 33324 Country 25		2a. Mailing Address 26 160 S. UNIVERSITY DR Suite, Apt. #, etc. 27 SUITE B City & State 28 PLANTATION Zip 29 33324 Country 30		3. Date Incorporated or Qualified 04/20/1995	
4. FEI Number 65-0577274		Applied For <input type="checkbox"/> Not Applicable		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

**MELVIN, MICHAEL W
2929 EAST COMMERCIAL BLVD., STE. 402
FT. LAUDERDALE FL 33308**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENOVESE, MICHAEL	1.2 NAME	GENOVESE, MICHAEL
STREET ADDRESS	2419 GULFSTREAM LN.	1.3 STREET ADDRESS	9116 D SW 20TH COURT
CITY - ST - ZIP	FT. LAUDERDALE FL 33312	1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL. 33324
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENOVESE, EDWARD M	2.2 NAME	
STREET ADDRESS	3 SEXTON WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY LARGO FL 33037	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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, and changed, or on an attachment with an address.

SIGNATURE:  **MICHAEL E GENOVESE 2/8/98** (gru) 370-3913

CR2E034 (10/97)