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

1. Corporation Name

POWALK, INC.

Principal Place of Busines	S
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Mailing Address

2319 N. ANDREWS AVENUE FT. LAUDERDALE FL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

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23

24

Zip

2319 N. ANDREWS AVENUE FT. LAUDERDALE FL 33311

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 03/11/1996 4. FEI Number Applied For Not Applicable 65-0649312 \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution This corporation owes the current year Intangible

Personal Property Tax. 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

□No

ROYALE MANAGEMENT SERVICES, INC. 912 N.E.17TH STREET FT. LAUDERDALE FL 33304

Country

84	City	FL	85	Zip Code
83		_		
82	Street Address (P.O. Box Number is Not Acceptable)			
81	Name			

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.

Country

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NC	TE: Registered Agent signature requi	red when reinstating)	DATE	
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO C		RS IN 12
12.	PD DELETE	1.1 TITLE		☐ Change	☐ Addition
TITLE	WALKER, BRUCE A	1.2 NAME			
NAME		1.3 STREET ADDRESS			
STREET ADDRESS	3290 N.W. 21ST ST.	1.4 CITY-ST-ZIP			
CITY-ST-ZIP	LAUDERADALE LAKES FL 33311	2.1 TITLE		☐ Change	☐ Addition
TITLE	עונ –				
NAME	POWELL, JOHN C	2.2 NAME		•	
STREET ADDRESS	912 N.E. 17TH TERRACE	2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	. 2. 4 CITY-ST-ZIP		☐ Change	Addition
TITLE	DELETE	3.1 TITLE			
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	DELETE	4,1 TITLE		☐ Change	☐ Addition
NAME		4. 2 NAME			
		4.3 STREET ADDRESS			
STREET ADDRESS		4.4 CITY-ST-ZIP			<u> </u>
CITY-ST-ZIP	DELETE			☐ Change	☐ Addition
TITLE		5.2 NAME	•		
NAME		5.3 STREET ADDRESS			
STREET ADDRESS		5.4 CITY-ST-ZIP			
CITY-ST-ZIP	T) DELETE			☐ Change	Addition
TITLE] DELETE				_
NAME		6.2 NAME	•		
STREET ADDRESS	3	6.3 STREET ADDRESS			
i	r .	A A OVER A OF THE			

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. CITY-ST-ZIP

SIGNATURE: