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

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90071 033 ***150.00

DOCUMENT # P98000029319

1. Corporation Name

POWER	HOUSE ATHLETIC CLUB, II	NC.						
Principal Place of Business Mailing Address 5022 PLUMOSA STREET 5022 PLUMOSA STREET SPRING HILL FL 34607 SPRING HILL FL 34607						f 158(168) ya 1910; latii ashii 891() 28(i)		
SCHING FILL F	£ 3400/	STRING THEE TE GOOT	- ·		.	DO NOT WRITE IN	THIS SPACE -	
					3	3. Date Incorporated or Qualifed 03/30/1998		_
	lace of Business	2a. Mailing Address				59-3506108		plied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27				S. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State			6	3. Election Campaign Financing	\$5.00	
23 Zin	Country	Zip	Count	rv	- .	Trust Fund Contribution 3. This corporation owes the current years.	Added to	o rees
Zip 24	25		30	,	l '	Personal Property Tax.		□No
24	9. Name and Address of Curre				1(0. Name and Address of New Registe	ered Agent	
HOC	NALL DEPODAL		8	1 Name				
MCCALL, DEBORAH 20 SOUTH BROAD STREET				2 Street A	ddress (P.O. Box Number is Not Acceptable)			
BROOKSVILLE FL 34601			8	3				
			8	4 City		_	FL 85 Zip C	Code
44.5		700 4 CO7 1500 Florid- Chat.4-	. the ebs	us named a	erporati	on submits this statement for the purpo	; ,	registered
office or r	registered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change was aut	thorized b	y the corpor	ration's l	board of directors. I hereby accept the	ippointment as rec	gistered
SIGNATURE	Signature, typed or printed name of registered ag	sont and title if conficable (NOTE: 1	Senistered An	ent signature rec	nutred when	n reinstating) DA	ſΕ	
12.		ND DIRECTORS	13.	John Signature 150	4	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	R\$ IN 12
TITLE	D DELETE ANASKY, CHRISTOPHER 5022 PLUMOSA STREET		1.1 TITUE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			☐ Change	☐ Addition
NAME			1.2 NAME					{
STREET ADDRESS			1.3 STRE					ľ
CITY-ST-ZIP			1.4 CITY-	1.4 CITY-ST-ZIP				
TITLE	☐ DELETE 2.1 T		2.1 TITLE	:			☐ Change	Addition }
NAME	2.21		2.2 NAME	2.2 NAME				
STREET ADDRESS	DORESS 2		2.3 STRE	2.3 STREET ADDRESS			t	
CITY-ST-ZIP			2. 4 CITY					
TITLE	•		3.1 TITLE	1			Change	☐ Addition
NAME	,		3.2 NAME	ļ				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			3.4. CITY		_		☐ Change	Addition
TITLE		□ bettere	4. 2 NAM					
NAME STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAM	I				, .
STREET ADDRESS			5.3 STRE	ET ADDRESS				-
CITY-ST-ZIP			5.4 CITY-	·ST-ZIP		•		
TITLE		☐ DELETE	6.1 TITLE	-			☐ Change	Addition.
NAME			6.2 NAME	 				-
STREET ADDRESS	\		8.3 STRE	ET ADDRESS				ļ

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 changes. If on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR