

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90050 025 ***158.75

DOCUMENT # P98000095135

1. Corporation Name

POWER WORLD FITNESS, INC.



Principal Place of Business

JAMES M. GUEST, CPA, P.A.
15600 SW 288TH ST, SUITE 310
HOMESTEAD FL 33033

Mailing Address

JAMES M. GUEST, CPA, P.A.
15600 SW 288TH ST, SUITE 310
HOMESTEAD FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1998

4. FEI Number

X 65-0877465

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

☐

Yes No

9. Name and Address of Current Registered Agent

JAMES M. GUEST, CPA, P.A.
15600 SW 288TH ST, SUITE 310
HOMESTEAD FL 33033

10. Name and Address of New Registered Agent

81 Name

Linda Brower

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

120 WASHINGTON AVE

83

84 City

Homestead

FL

85 Zip Code

33030

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

[Signature]
(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BROWER, LINDA
15600 SW 288TH ST, SUITE 310
HOMESTEAD FL 33033

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
P
GARCIA, CESAR
15600 SW 288TH ST, SUITE 310
HOMESTEAD FL 33033

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V
BROWER, RICHARD
15600 SW 288TH ST, SUITE 310
HOMESTEAD FL 33033

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT
RICHARD BROWER
14514 SW 299 TERR
Homestead, FL 33090

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VICE PRES
LINDA L BROWER
14514 SW 299 TERR
Homestead, FL 33090

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Y 3/31/99

X 305 245-1211

CR2024-111091