Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90027 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000074942

1. Corporation Name

IAPAN KARATE ASSOCIATION OF KENDALL INC.

| | | NENDALL, INO. | | | | | | |
|--|--|--|--|---|--|--------------------------------------|--------------------------------|-----------------------------|
| Principal Place | of Business | Mailing Address | | | - t (##IC##I CI# C#IC #C#C ##CC ## | BERT Gr itte Gri tte f | FRIT BIRTO COLI | ardra scar rans |
| 12299 SW 112T | тьет | 12299 SW 112TH ST | | | | | | |
| MIAMI FL 33186 MIAMI FL 33186 | | | | | | | | |
| US US | | | | DO NOT WRITE IN THIS | | SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | | | |
| | • | | | | 10/12/1994 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Ap | plied For |
| 21 | | 26 | | | 65-0526508 | | No | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | \$8.75 / Fee Re | I |
| City & State | 6 | City & State | | | 8. Election Campaign Financing | | -\$5.00 | May Be |
| 23 | · · · · · · · · · · · · · · · · · · · | 28 | • • | | Trust Fund Contribution | , 🗆 . | Added | |
| Zip | Country | Zip | Countr | у | 8. This corporation owes the cur | rent vear Inta | angible | |
| 24 | 25 | 29 3 | 0 | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Curren | | | 7,- | 10. Name and Address of New | Registered . | Agent | |
| STE | N, DOUGLAS H | | 8 | | | tein | | |
| | SOUTH BAYSHORE DR | | 8: | 1 | ess (P.O. Box Number is Not Accept | able) | 4-4 | . } |
| | I FLOOR | | 8: | 100 | 5.E. 2nd | 377 | <u>ce 7</u> | |
| ! | /II FL 33133 | | 0, | 3 | 5.74 43 | 70 | | |
| MIPU | W LF 20.122 | | 84 | 4 City | 20 ' | | | Code |
| | | | ł | | / 1 / 1 day; | <u>FL</u> | | 73/ |
| | | | | | | | | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes | , the abor | ve-named corp | oration submits this statement for the | purpose of pt the appoin | changing its ntment as re | registered gistered |
| l office or n | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was auti itions_of, Section 607.0505, Florid | nonzed D | v tne corporation | oration submits this statement for the on's board of directors. I hereby acce | purpose of pt the appoin | changing its ntment as re | registered gistered |
| office or re agent. I a | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was autitions of, Section 607.0505, Florid | a Statute | y the corporations. | on's poard or directors. I hereby acce | /99 | changing its ntment as re | registered gistered |
| office or re agent. I a | egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered ages | of Florida. Such change was autitions of, Section 607.0505, Florid Douglas (NOTE: R | a Statute | y the corporations. | on s board of directors. Thereby acceled the state of the | /99 DATE | innerit as re | Gracieren |
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| office or nagent. I all SIGNATURE. 12. TITLE NAME | egistered agent, or both, in the State m familiar with, and accept the obliga Stgnature, typed or printed in the Fregistered ages OFFICERS AN P STEIN, DOUGLAS H | of Florida. Such change was autitions of, Section 607.0505, Florid of the responsible of | a Statute gistored Ag 13. 1.1 TITLE 1.2 NAME | ent signature requires | on s board or directors. Thereby acceled the state of the | /99 DATE | D DIRECTO | DRS IN 12 |
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



☐ DELETE

☐ Change

Addition