

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V09981** (4)

1. Corporation Name
AMERICAN SCHOOLS OF SELF DEFENSE, INC.



Principal Place of Business: **2527 N S.R. 7 MARGATE FL 33063**
Mailing Address: **2527 N S.R. 7 MARGATE FL 33063**

3. Date Incorporated or Qualified: **01/27/1992**
3a. Date of Last Report: **04/19/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 65-0312319	Applied For	
	Suite, Apt #, etc.		Suite, Apt. #, etc.			Not Applicable	
22	22	27	27	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
	City & State		City & State				
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
	Zip		Country				
24	24	29	29	30	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip		Country				

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

MORRISON, JOHN
2527 N S.R. 7
MARGATE FL 33063

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, JOHN	2. 1 NAME	
STREET ADDRESS	712 NW 106 AVE	3. 1 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	4. 1 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. 2 NAME	
STREET ADDRESS		2. 3 STREET ADDRESS	
CITY-STATE-ZIP		2. 4 CITY-STATE-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-STATE-ZIP		3. 4 CITY-STATE-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-STATE-ZIP		4. 4 CITY-STATE-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-STATE-ZIP		5. 4 CITY-STATE-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-STATE-ZIP		6. 4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* 3-6-96 454-474-4218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)