

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 # **V12609** (6)

1. Corporation Name:
SUN BELT MARTIAL ARTS ACADEMY, INC.



Principal Place of Business 11570 SAN JOSE BLVD SUITE 19 & 20 JACKSONVILLE FL 32223 US		Mailing Address P O BOX 17344 SUITE 19 & 20 JACKSONVILLE FL 32245-7344 US		3. Date Incorporated or Qualified 02/07/1992	3a. Date of Last Report 02/24/1995
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21. Principal Place of Business 11570 San Jose Blvd	22. State, Apt., E., etc. Suite 11	23. City & State Jacksonville FL 32223	24. Zip 32223	25. Country US	26. Mailing Address 2530 Southside Blvd	27. State, Apt., E., etc. NO suite	28. City & State	29. Zip	30. Country	4. FEI Number 59-3110012	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent AKEL, EDWARD C. ONE INDEPENDENT DR 2301 INDEPENDENT SQUARE JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	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. Thereby accept the appointment as registered agent. I am firm in my faith, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(Print Name of Registered Agent or Director) (Print Name of Registered Agent or Director)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPTS KERNER, DONALD T 2530 SOUTHSIDE BLVD JACKSONVILLE FL	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY, ST., ZIP			1.4 CITY, ST., 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, ST., ZIP			2.4 CITY, ST., 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, ST., ZIP			3.4 CITY, ST., 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, ST., ZIP			4.4 CITY, ST., 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, ST., ZIP			5.4 CITY, ST., 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, ST., ZIP			6.4 CITY, ST., ZIP		

14. I do hereby certify that the information supplied with this form 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 Book 12 or Book 15 (if changed), or on an attachment with an address.

SIGNATURE: DJ Kerner **2-19-96** **904-636-1265**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone Number

CR2E034 (12/95)