

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 | | Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 11570 SAN JOSE BLVD SUITE 19 & 20 JACKSONVILLE FL 32223 US | | P O BOX 17344 SUITE 19 & 20 JACKSONVILLE FL 32245-7344 US | | 02/07/1992 | 02/24/1995 |

| | | | |
|--------------------------------|------------------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21. 11570 San Jose Blvd | 26. 2530 Southside Blvd | 59-3110012 | Not Applicable |
| 22. Suite 11 | 27. NO suite | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23. Jacksonville FL 32223 | 28. Jacksonville FL 32223 | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. 32223 | 29. US | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> |
| 25. US | 30. US | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---|--|--|--------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| AKEL, EDWARD C. ONE INDEPENDENT DR 2301 INDEPENDENT SQUARE JACKSONVILLE FL 32202 | | 81. Name | 85. Zip Code |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| | | 83. City | |

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 belief, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---|
| TITLE | DPTS | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KERNER, DONALD T | 1.2 NAME | |
| STREET ADDRESS | 2530 SOUTHSIDE BLVD | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | JACKSONVILLE FL | 1.4 CITY, ST, ZIP | |
| TITLE | | 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 | | 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 | | 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 | | 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 | | 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 Date of Filing

CR2E034 (12/95)