

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

APPROVED AND FILED

95 APR 27 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V67358** (4)

1. Corporation Name
SHAOLIN KEMPO, INC.

Principal Place of Business Mailing Address
6651 FOREST HILL BLVD. W. PALM BEACH FL 33413

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/25/1992** 3a. Date of Last Report **04/07/1994**

4. FEI Number **65-0361121** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAPPAS, STEVEN R.
6651 FOREST HILL BLVD.
W. PALM BEACH FL 33413**

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 Section 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. This change was effected by the corporation's board of directors. I hereby accept the appointment of the above-named registered agent. I am familiar with the corporation's records.

SIGNATURE

Signature of Registered Agent

NOTE: Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **PAPPAS, STEVEN R.**
STREET ADDRESS **6651 FOREST HILL BLVD.**
CITY - ST - ZIP **W. PALM BEACH FL**

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1 1 TITLE Change Addition
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2 1 TITLE Change Addition
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6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - 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 110.07(3)(b), 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 in an attached form with an address.

SIGNATURE:

Steven R. Pappas

PRINT TYPE AND TYPE ON PRINTED NAME OF OFFICER OR DIRECTOR

4/24/95

565-5771

Signature (Phone #)