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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000034721**

1. Corporation Name
IRON LION CORPORATION

Principal Place of Business	Mailing Address
207 HOWARD DRIVE BELLEAIR BEACH FL 34634	207 HOWARD DRIVE BELLEAIR BEACH FL 34634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/17/1997

2. Principal Place of Business	2a. Mailing Address
21 Elite Martial ARTS	26 39328 U.S. Hwy 19N
Suite, Apt. #, etc. 22 U.S. Hwy 19N	Suite, Apt. #, etc. 27
City & State 23 Tarpon Springs, Fl	City & State 28 Tarpon Springs FL
Zip / Country 24 34689 / 25 Pinellas	Zip / Country 29 34689 / 30 Pinellas

4. FEI Number: 59-3441279 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PINTERALLI, JEFF
39042 US HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: Jeff PinteRALLI
82 Street Address (P.O. Box Number is Not Acceptable): 39328 U.S. HWY. 19 N
83
84 City: Tarpon SPRINGS FL 85 Zip Code: 34689

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P.	☐ Change ☐ Addition
NAME	MANDELOS, ANDREAS		1.2 NAME	MANDELOS, ANDREAS	
STREET ADDRESS	39042 US HIGHWAY 19 NORTH		1.3 STREET ADDRESS	39328 U.S. Hwy 19N.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	V	☐ DELETE	2.1 TITLE	V	☐ Change ☐ Addition
NAME	PINTERALLI, JEFF		2.2 NAME	Pinteralli, Jeff	
STREET ADDRESS	39042 US HIGHWAY 19 NORTH		2.3 STREET ADDRESS	39328 U.S. Hwy 19N	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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.

SIGNATURE: [signature] MORE REQUIRED 4-27-99 727-944-3836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #