FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 6:20

SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714852 (1)

1. Corporation Name

FLORIDA KARATE ACADEMY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1681 N.E. 26 STREET. SUITE #80 FORT LAUDERDALE FL 33305	1681 N.E. 26 STREET. SUITE #80 FORT LAUDERDALE FL 33305

3. Date Incorporated or Qualified: 06/28/1968
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1222662 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

BARANOSKI (MARY LOU)
3451 NE 17 AVE
FORT LAUDERDALE FL 33334

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. 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	D	11 TITLE	☐ Change ☐ Addition
NAME	MORRISSEY, JOHN	12 NAME	
STREET ADDRESS	1749 NW 37 ST	13 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	POLYASKO, ROBERT	22 NAME	
STREET ADDRESS	262 PINE AVE	23 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	COVER, ALEX M	32 NAME	
STREET ADDRESS	3200 NE 36 ST #1603	33 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	SWEET, DENNIS	42 NAME	
STREET ADDRESS	3831 N.W. 11TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	BARANOSKI, JOHN R	52 NAME	
STREET ADDRESS	3451 NE 17 AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000	54 CITY-ST-ZIP	
TITLE	ST	61 TITLE	☐ Change ☐ Addition
NAME	BARANOSKI, MARY LOU	62 NAME	
STREET ADDRESS	3451 NE 17 AVE	63 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	64 CITY-ST-ZIP	

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Lou Baranoski - Treasurer 4-27-95 305-565-6919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARY LOU BARANOSKI - TREASURER

0046542