## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

714852 **DOCUMENT #** 

(1)

FLORIDA	Name A KARATE ACADEMY, INC.	( )							
Principal Place	of Business	Mailing Address				1881    1880   1181  #1881   #1810		## WINI NINI	1 91011 01011 1001
	STREET, SUITE #80 DALE FL 33305	1881 N.E. 26 STREET. S FORT LAUDERDALE FL		)				_	
						3. Date Incorporated or Qualified 06/28/1968	06/28/1968 05/01/1995		
. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-1222662			Applied For	
]		26			39-1222002			Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required	
City & State		City & State				6. Election Campaign Financing			00 May Be
City & State		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip Cou				8. This corporation has liability for intangible tax under s. 199.032			. 199.032,
]	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered	Agent	
				81	Name				
	SKI (MARY LOU)			82	Street Ad	ddress (P.O. Box Number is Not Acceptab	e)		
3451 NE 17 AVE				83					
FORT LA	UDERDALE FL 33334			00					
				84	City		FL	85 Z	ip Code
14 Durawant t	o the provinces of Sections 617 0502	and 617 1508. Florida Statut	es the ab	 ave-i	l	poration submits this statement for the pur	pase of ch	anging its	registered office
or registere familiar wit	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	a. Such change was authoriz	ed by the	corp	oration's b	oard of directors. I hereby accept the appoint	ontment a	s registered	u agent. i am
SIGNATURE _	Signature, typed or printed name of registered agont a	and title if applicable. (NC	DTE: Registere	o Ager	nt signature requ	ulred when reinstating	DATE		
2.				·		ADDITIONS/CHANGES TO OFF			
ITLE	D	DELETE		IIILE		Director		Change	<b>X</b> Addition
AME	MORRISSEY, JOHN			MAME		Gary Adderley 2709 S. Oakland	Fore	st Dr	rive
TREET ADDRESS	1749 NW 37 ST FORT LAUDERDALE, FL00000				ADDRESS	Ft. Laud. Fla3	3309	-Apt	202
CITY-ST-ZIP	D	DELETE		JITLE	61 - ZIP			☐ Change	
TITLE	POLYASKO, ROBERT			NAME		·		_	
IAME	262 PINE AVE				F ADDRESS				
TREET ADDRESS	FORT LAUDERDALE, FL00000				ST-ZIP				
ITLE	D	□ DEL <b>E</b> 1E		TITLE				☐ Change	Addition
AME	COVER, ALEX M		3 2	NAME					
TREET ADDRESS	3200 NE 36 ST #1603		33	STREE	T ADDRESS				
ITY-ST-ZIP	FORT LAUDERDALE, FL00000				ST-ZIP			F 10	FT taking
ITLE	V DELETE			TITLE				Change	Addition
NAME !	SWEET, DENNIS			NAME					
STREET ADDRESS	3831 N.W. 11TH STREET				T ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL	DELETE		DITY-: TITLE	ST-ZIP			Change	Addition
TILE	P Baranoski, John R	["]nere it		NAME					
NAME	3451 NE 17 AVENUE				1 ADDRESS				
STREET ADDRESS	FORT LAUDERDALE, FL00000	l			S1-ZIP				
CITY - ST - ZIP	ST ST	DELETE		TITLE				Cnange	Addition
NAME	BARANOSKI, MARY LOU	<del></del>	62	NAME					
STREET ADDRESS	3451 NE 17 AVE		6.3	STREE	T ADDRESS				
CITY OF 710	FT LAUDERDALE, FL 00000		6.4	CITY-	ST-ZIP				
14. I do heret	by certify that the information supplied					ify for the exemption stated in Section 119 curate and that my signature shall have the			
oath: that	it the information indicated on this annu- I am an officer or director of the corpo in Block 12 or Block 13 if changed, or o	ration or the receiver or trust	ea empow	ered	to execute	this report as required by Chapter 617, F	orida Stati	utes; and t	hat my name

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

3-21-96 954-565-6919

CR2E037 (12/95)