

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714852** (1)  
1. Corporation Name  
**FLORIDA KARATE ACADEMY, INC.**

Principal Place of Business <b>1881 N.E. 26 STREET, SUITE #80 FORT LAUDERDALE FL 33305</b>	Mailing Address <b>1881 N.E. 26 STREET, SUITE #80 FORT LAUDERDALE FL 33305</b>
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3. Date Incorporated or Qualified  
**06/28/1968**

4. FEI Number <b>59-1222662</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ADDERLEY, GARY</b>	
STREET ADDRESS	<b>2709 S OAKLAND FOREST DRIVE</b>	<b>APT 202</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POLYASKO, ROBERT</b>	
STREET ADDRESS	<b>282 PINE AVE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL00000</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COVER, ALEX M</b>	
STREET ADDRESS	<b>3200 NE 36 ST #1603</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL00000</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SWEET, DENNIS</b>	
STREET ADDRESS	<b>3831 N.W. 11TH STREET</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BARANOSKI, JOHN R</b>	
STREET ADDRESS	<b>3451 NE 17 AVENUE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL00000</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>BARANOSKI, MARY LOU</b>	
STREET ADDRESS	<b>3451 NE 17 AVE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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* 3-18-98 (954) 565-6919

CP2E037 (10/97)