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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714852

1. Corporation Name

FLORIDA KARATE ACADEMY, INC.

Principal Place of Business

1881 N.E. 26 STREET, SUITE #80
FORT LAUDERDALE FL 33305

Mailing Address

1881 N.E. 26 STREET, SUITE #80
FORT LAUDERDALE FL 33305



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/28/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1222662	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDERLEY, GARY		1.2 NAME	
STREET ADDRESS	2709 S OAKLAND FOREST DRIVE	APT 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLYASKO, ROBERT		2.2 NAME	
STREET ADDRESS	262 PINE AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVER, ALEX M		3.2 NAME	
STREET ADDRESS	3200 NE 36 ST #1603		3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000		3.4 CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEET, DENNIS		4.2 NAME	
STREET ADDRESS	3831 N.W. 11TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL		4.4 CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARANOSKI, JOHN R		5.2 NAME	
STREET ADDRESS	3451 NE 17 AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000		5.4 CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARANOSKI, MARY LOU		6.2 NAME	
STREET ADDRESS	3451 NE 17 AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		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, with all other like empowered.

SIGNATURE:

Mary Lou Baranoski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-99 (954) 565-6919