


FILE NOW: FILING FEE IS \$61.25

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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725985 (6)
1. Corporation Name
CUONG NHU ORIENTAL MARTIAL ARTS ASSOCIATION, INC.



Principal Place of Business CUONG NHU KARATE CENTER 809 W. UNIVERSITY AVE. GAINESVILLE FL 32601 US	Mailing Address P.O. BOX 13836 GAINESVILLE FL 32604-1836
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/03/1973	3a. Date of Last Report 04/19/1996
4. FEI Number 59-1548979	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHILLING, JULIE 2020 SW 79 DRIVE GAINESVILLE FL 32607	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	ST <input type="checkbox"/> DELETE
NAME	SCHILLING, LOUIS
STREET ADDRESS	2020 SW 79 DRIVE
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	VP <input type="checkbox"/> DELETE
NAME	CRANE, STEVE
STREET ADDRESS	5755 W 20 AVE #110
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	PD <input type="checkbox"/> DELETE
NAME	MONTAGUE, JOE
STREET ADDRESS	8708 LAUMIC DR.
CITY-ST-ZIP	RICHMOND VA 23235
TITLE	PDS <input type="checkbox"/> DELETE
NAME	APPEN, ALLYSON
STREET ADDRESS	1539 ACTON ST
CITY-ST-ZIP	BERKELEY CA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/D
2.3 STREET ADDRESS	CRANE, STEVE
2.4 CITY-ST-ZIP	1971 NE 186 DR N MIAMI BCH, FL 33179
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V/D
3.3 STREET ADDRESS	MONTAGUE, JOE
3.4 CITY-ST-ZIP	8708 LAUMIC DR RICHMOND, VA 23235
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S/D
4.3 STREET ADDRESS	COLANGELO, MARK
4.4 CITY-ST-ZIP	1126 CATALINA BLVD SAN DIEGO, CA 92107
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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: *Louis Schilling* LOUIS SCHILLING 3/11/97 352/378-4172

CR2E037 (9/96)