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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 QUONG NHU KARATE CENTER 809 W. UNIVERSITY AVE. GAINESVILLE FL 32601 US	Mailing Address P.O. BOX 13836 GAINESVILLE FL 32604
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3. Date Incorporated or Qualified 04/03/1973
4. FEI Number 59-1548979
Applied For Not Applicable

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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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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	ST SCHILLING, LOUIS 2020 SW 79 DRIVE GAINESVILLE FL 32607	1.1 TITLE	P/D
NAME		1.2 NAME	Schilling, Louis
STREET ADDRESS		1.3 STREET ADDRESS	2020 SW 79 Drive
CITY - ST - ZIP	GAINESVILLE FL 32607	1.4 CITY - ST - ZIP	Gainesville, FL 32607
TITLE	PD CRANE, STEVE 1971 NE 188TH DR N MIAMI BCH FL	2.1 TITLE	ST
NAME		2.2 NAME	Crane, Steve
STREET ADDRESS		2.3 STREET ADDRESS	1971 NE 186 Drive
CITY - ST - ZIP	N MIAMI BCH FL	2.4 CITY - ST - ZIP	N Miami Bch, FL 33179
TITLE	VD MONTAGUE, JOE 8708 LAUMIC DR. RICHMOND VA	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP	RICHMOND VA	3.4 CITY - ST - ZIP	
TITLE	SD COLANGELO MARK 1126 CATALINA BLVD SAN DIEGO CA	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 *[Signature]* **LOUIS SCHILLING** 4-22-98 352/392-3003

CP2E037 (10/97)