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May 14, 1999 8:00 am
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759447

1. Corporation Name
NATIONAL SPORT JUDO AND NATIONAL JUDO TRAINING C ENTER, INC.

Principal Place of Business	Mailing Address
14621 S.W. 24TH STREET DAVIE FL 33325	P.O. BOX 16772 PLANTATION FL 33318

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/04/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COBB, MIKE 14621 S.W. 24TH STREET DAVIE FL 33325	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	COBB, MIKE		1.2 NAME	Carol Cobb	
STREET ADDRESS	14621 S.W. 24TH STREET		1.3 STREET ADDRESS	14621 SW 24Th St.	
CITY-ST-ZIP	DAVIE FL 33325		1.4 CITY-ST-ZIP	Davie, FL. 33325	
TITLE	D	☐ DELETE	2.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	GORDON, LES		2.2 NAME	Rebecca Cobb	
STREET ADDRESS	8270 NW 40TH STREET		2.3 STREET ADDRESS	14621 SW 24Th St.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2.4 CITY-ST-ZIP	Davie, FL. 33325	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, BUDDY		3.2 NAME		
STREET ADDRESS	17653 BRITTANY LN.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HUNTINGTON BEACH CA 92647		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREENSTEIN, LENNY		4. 2 NAME		
STREET ADDRESS	9987 NOB HILL CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33351		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	AGUILAR, JAMIE		5.2 NAME		
STREET ADDRESS	14621 S.W. 24TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33325		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	AGUILAR, ANDY		6.2 NAME		
STREET ADDRESS	110 5TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHULA VISTA CA 91910		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: [signature] REQUIRED April 5 1999 954 473 9679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E0[illegible] (1/98)