FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9600003587 (0) **DOCUMENT** #

AMERICAN SHAOLIN KEMPO, INC.

1118 A SOUTH 14 ST FENANDINA BCH FL 32034

FILED Mar 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1118A SO 14 ST FENANDINA BCH FL 32032 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/16/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For SAME 1925 So. 1472 02-0427358 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible □Ño 29 Yes Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TOMASSETTI, JEFFREY 81 406 ASH ST 82 Street Address (P.O. Box Number is Not Acceptable) FERNANDINA BCH FL 32035 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE GAGNE, THOMAS A 1.2 NAME 1395 HARRISON PT TR STREET ADDRESS 1.3 STREET ADDRESS FERNANDINA BCH FL 32034 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition GAGNE, GLORIA J 2.2 NAME NAME 1395 HARRISON PT TR 2.3 STREET ADDRESS STREET ADDRESS FERNANDINA BCH FL 32034 CITY-ST-ZIP 2 4 CHY-ST-7IP ☐ DELETE ☐ Change ■ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 904-

177-8199