


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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
DOCUMENT # H51292 (1) 1. Corporation Name JAPAN IAIDO FOUNDATION, INC.																																																																																																																													
Principal Place of Business 4055 Tamiami Trail Suite 18 Port Charlotte, FL 33952			Mailing Address 4055 Tamiami Trail Suite 18 Port Charlotte, FL 33952																																																																																																																										
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 04/08/1985 3a. Date of Last Report Applied For Not Applicable																																																																																																																									
4. FEI Number 59-2508956		5. Certificate of Status Desired <input 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 Bass, Gerald 4339 Tollefson Avenue N. Port, FL 34287			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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																																																																																													
12. OFFICERS AND DIRECTORS																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D/P</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> DELETE</td> <td style="width:10%;">11 TITLE</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Bass, Gerald</td> <td></td> <td>12 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4339 Tollefson Avenue</td> <td></td> <td>13 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>N. Port, FL 34287</td> <td></td> <td>14 CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>21 TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Bass, Pamela</td> <td></td> <td>22 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4339 Tollefson Avenue</td> <td></td> <td>23 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>N. Port, FL 34287</td> <td></td> <td>24 CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>31 TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>32 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>33 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>34 CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>41 TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>42 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>43 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>44 CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>51 TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>52 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>53 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>54 CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> <td>61 TITLE</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>62 NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>63 STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>64 CITY- ST- ZIP</td> <td></td> </tr> </table>						TITLE	D/P	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Bass, Gerald		12 NAME		STREET ADDRESS	4339 Tollefson Avenue		13 STREET ADDRESS		CITY- ST- ZIP	N. Port, FL 34287		14 CITY- ST- ZIP		TITLE	D	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Bass, Pamela		22 NAME		STREET ADDRESS	4339 Tollefson Avenue		23 STREET ADDRESS		CITY- ST- ZIP	N. Port, FL 34287		24 CITY- ST- ZIP		TITLE		<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			32 NAME		STREET ADDRESS			33 STREET ADDRESS		CITY- ST- ZIP			34 CITY- ST- ZIP		TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			42 NAME		STREET ADDRESS			43 STREET ADDRESS		CITY- ST- ZIP			44 CITY- ST- ZIP		TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			52 NAME		STREET ADDRESS			53 STREET ADDRESS		CITY- ST- ZIP			54 CITY- ST- ZIP		TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			62 NAME		STREET ADDRESS			63 STREET ADDRESS		CITY- ST- ZIP			64 CITY- ST- ZIP	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <div style="text-align: right; font-size: 2em; font-weight: bold;">5/6/97</div> <div style="text-align: right; font-size: 1.5em; font-weight: bold;">OK</div>																																																																																																																													
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.																																																																																																																													
SIGNATURE: <u>Pamela Bass</u> <u>Pamela BASS</u> <u>4/24/97</u> <u>941-743-2001</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																													

CP2E034 (9/96)