FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00					FILED	
PROFIT CORPORA	(VE GES 13	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham			98 8:00am	
ANNUAL RE	PORT		etary of State		Jan 29 19	90 0.00am
1998	1998 DIVISION OF CORPORATIONS			Secretary of State		
DOCUMEN' 1. Corporation Name	T# J57177	(4)				ly of State
STEVE'S HOU	se of Karate, inc	•				
Principal Place of Busin	ess	Mailing Address			-	.81
10016 GRIFFIN RD 10016 GRIFFIN RD						
COOPER CITY FL 33328 COOPER CITY FL 33328					DO NOT WRITI	E IN THIS SPACE
					3. Date Incorporated or Qualified	
2. Principal Place of Bu	cincae	G. Mailian Address."			02/10/1987 4. FE! Number	
21 Pissicipal Flade of Bu	5/1/855	2a. Mailing Address	2a. Mailing Address		59-2778419	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22						Fee Required
23	City & State 28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has pa	aid the current year Intangible
24 a Nan	25 ne and Address of Current	Registered Agent	30		Personal Property Tax due June 10. Name and Address of New Re	
ROSENTHAI		Trogisterou Agont	81	Name	10, Maine and Address of New To	Agistered Agent
10016 ODIEEN DD					ss (P.O. Box Number is Not Accepta	ble)
COOPER CITY FL 33328			20			
			83			
			84	City		85 Zip Code
11. Pursuant to the prov	risions of Sections 607.0502	and 607.1508, Florida Sta	tutes, the above	named corpo	oration submits this statement for the parties board of directors. I hereby acce	
	with, and accept the abligat	ions of Gatton 607.0505,	Florida Statutes.	Ine Corporatio	H D L L	prime appointment as registered
SIGNATURE Signature, typ	ed or printed name of registered agent	and tille if applicable.	OTE. Registered Agen	t signature required	t when reinstating)	1/2-3/93-
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE PD	MTHA! OTEVEN	☐ DELETE	1.1 TITLE			Change Addition
	ADDITE IN DIVIE LIND		1.2 NAME 1.3 STREET A	LDDRESS	•	
	MI BEACH FL		1.4 CITY-ST			
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			2.2 NAME	opporos		
CITY-ST-ZIP			2.3 STREET A 2. 4 CITY-ST			
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET A			
CITY-ST-ZIP TITLE		DELETE	3,4, CITY-ST 4.1 TITLE	- 411		Change Addition
NAME		_	4. 2 NAME			,
STREET ADDRESS			4.3 STREET A	DDRESS		
CITY-ST-ZIP			4.4 CITY-ST	- ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filling 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: Statute 1. 123/98 (954)(80-4304)

5.3 STREET ADDRESS

6.3 STREET ADDRESS

Change

Addition

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

___ DELETE

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME