

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K53943** (2)

1. Corporation Name

PROFESSIONAL KARATE SYSTEMS, INC.



Principal Place of Business

% DAVID LOVE
7967 MERRIMAC COVE DR.
ORLANDO FL 32822-7834

Mailing Address

676 S. GOLDENROD RD.
ORLANDO FL 32822
US

3. Date Incorporated or Qualified
12/28/1988

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

21 **688 S. GOLDENROD RD**

2a. Mailing Address

26 **688 S. GOLDENROD RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **ORLANDO FL**

27 City & State

28 **ORLANDO FL**

24 Zip

25 **32822**

Country

26 **ORANGE**

29 Zip

30 **32822**

Country

31 **ORANGE**

9. Name and Address of Current Registered Agent

GRANT, RONALD
7967 MERRIMAC COVE DR.
ORLANDO FL 32822

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 607.0532 and 607.1508, Florida Statutes, the undersigned, who is an officer or registered agent, or both, in the State of Florida, certifies that the information furnished is true and correct, and that the undersigned is familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, the undersigned, hereby certify that the information furnished is true and correct, and that the undersigned is 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)

Date

Agent's signature (if not the registered agent, then the name of the registered agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
P	GRANT, RONALD	7967 MERRIMAC COVE DR.	ORLANDO FL	<input type="checkbox"/>
VP	VENAPLE, DAVID	7967 MERRIMAC COVE DR	ORLANDO FL	<input checked="" type="checkbox"/>
VP	GOMEZ, FRANCISCO	624 WITTINGHAM PL.	LAKE HAVAS, FL 32746	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the undersigned is familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, the undersigned, hereby certify that the information furnished is true and correct, and that the undersigned is familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Ron Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

Date

407-380-5615

Daytime Phone #

CR2E034 (12/95)