


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

FILED  
Jan 20 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L61469 (7)</b> 1. Corporation Name <b>DEFENSIVE ARTS, INC.</b>					
Principal Place of Business <b>1859 N. PINE ISLAND ROAD 1181 PLANTATION FL 33322 US</b>			Mailing Address <b>1859 N. PINE ISLAND ROAD 1181 PLANTATION FL 33322 US</b>		
2. Principal Place of Business 21 <b>6671 W. INDIANTOWN RD.</b> Suite, Apt. #, etc. 22 <b>SUITE 56-417</b> City & State 23 <b>JUPITER, FL</b> Zip 24 <b>33458</b>		2a. Mailing Address 26 <b>6671 INDIANTOWN RD.</b> Suite, Apt. #, etc. 27 <b>SUITE 56-417</b> City & State 28 <b>JUPITER, FL</b> Zip 29 <b>33458</b>		Country 30 <b>PALM BEACH</b>	
9. Name and Address of Current Registered Agent <b>PELLEGRINI, JOHN 11808 ORANGE BLOSSOM LANE BOCA RATON FL 33428</b>					
10. Name and Address of New Registered Agent 81 Name <b>JOHN PELLEGRINI</b> 82 Street Address (P.O. Box Number Not Acceptable) <b>16825 122ND DR. N.</b> 83 84 City <b>JUPITER</b> FL 85 Zip Code <b>33478</b>					
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PST <input type="checkbox"/> DELETE				
NAME	PELLEGRINI, JOHN				
STREET ADDRESS	11608 ORANGE BLOSSOM LANE				
CITY-ST-ZIP	BOCA RATON FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	JOHN PELLEGRINI				
1.3 STREET ADDRESS	16825 122ND DR. N.				
1.4 CITY-ST-ZIP	JUPITER, FL 33478				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/02/1990</b>	
4. FEI Number <b>65-0184233</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.

SIGNATURE: \_\_\_\_\_

JOHN PELLEGRINI

1-7-98 561-745-1331

CR2E034 (10/97)