

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY 11 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M65224** (1)

1. Corporation Name
SHIBUI FIGHTING ARTS, INC.

Principal Place of Business: **9436 ROCKROSE DRIVE TAMPA FL 33647**
Mailing Address: **9436 ROCKROSE DRIVE TAMPA FL 33647**

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified 01/20/1988 | 3a. Date of Last Report 02/11/1994 |
| 4. FEI Number 59-2866574 | Approved For <input type="checkbox"/> Not Applicable |
| 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 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|----------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. State: Apt # etc | 26. State: Apt # etc |
| 22. City & State | 27. City & State |
| 23. [] | 28. [] |
| 24. [] | 29. [] |
| 25. [] | 30. [] |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent RUSSO, MARK S 9436 ROCKROSE DRIVE TAMPA FL 33647 | 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 607.02(4) and 607.02(5) Florida Statutes, the above named corporation submits this statement for the purpose of having its registered office and registered agent appointed 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 provisions of Sections 607.02(4) Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent) _____ (Name of Secretary or Director)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS | |
|----------------------------|---|--|---|
| P | RUSSO, MARK S 9436 ROCKROSE DRIVE TAMPA FL | 1. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T | RUSSO, V. DALENE 9436 ROCKROSE DRIVE TAMPA FL | 2. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 7. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 8. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 9. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 10. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am duly qualified for the appointment stated in this filing. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I can accept or decline for this corporation or the removal of my name as approved by the board of directors. I am filing this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 of this report or on an alternate form with an address.

SIGNATURE: **MARK S. RUSSO** *[Signature]* **5-6-95** **813-773-7788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR