

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N00521 (7)

1. Corporation Name

THE FLORIDA INSTITUTE OF MARTIAL ARTS, INC.

Principal Place of Business

Mailing Address

**125 S DIXIE HWY
LAKE WORTH FL 33460**

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LAKE WORTH FL 33460**

**APPROVED
AND
FILED**

95 APR 24 AM 9:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/22/1983	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2444482	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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
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9. Name and Address of Current Registered Agent

**ELIOPOULOS, NOEL, N
143 EUCLID BLVD
LANTANA FL 33462**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	☐ Change ☐ Addition
NAME	ELIOPOULOS, NOEL, N	1.2 NAME	
STREET ADDRESS	143 EUCLID BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LANTANA FL 33462	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	HALL, WILLIAM H	2.2 NAME	
STREET ADDRESS	2311 BERMUDA	2.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	SEWELL, EVELYN	3.2 NAME	
STREET ADDRESS	517 39TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH FL	3.4 CITY - ST - ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	BEDARD, ROY	4.2 NAME	
STREET ADDRESS	1523 18 AVE NORTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOEL ELIOPOULOS

4/17/95

407-964 9190

Daytime Phone #