

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

125 S DIXIE HWY  
LAKE WORTH FL 33460

3. Date Incorporated or Qualified  
12/22/1983

3a. Date of Last Report  
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELIOUPOULOS, NOEL, N  
143 EUCLID BLVD  
LANTANA FL 33462

81 Name

Sherri A. Scholz

82 Street Address (P.O. Box Number is Not Acceptable)

727 Griswold Dr.

83

84

City

Lake Worth

FL

85

Zip Code

33461

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Sherri A. Scholz

(NOTE: Registered Agent signature required when reinstating)

DATE 4-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS  
NAME ELIOUPOULOS, NOEL, N  
STREET ADDRESS 143 EUCLID BLVD  
CITY - ST - ZIP LANTANA FL 33462

DELETE

1.1 TITLE DS  
1.2 NAME Scholz, Sherri A.  
1.3 STREET ADDRESS 727 Griswold Dr.  
1.4 CITY - ST - ZIP Lake Worth, FL 33461

Change Addition

TITLE DP  
NAME HALL, WILLIAM II  
STREET ADDRESS 2311 BERMUDA  
CITY - ST - ZIP W. PALM BEACH FL

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

Change Addition

TITLE DT  
NAME SEWELL, EVELYN  
STREET ADDRESS 517 39TH STREET  
CITY - ST - ZIP W PALM BCH FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

Change Addition

TITLE DV  
NAME BEDARD, ROY  
STREET ADDRESS 1523 18 AVE NORTH  
CITY - ST - ZIP LAKE WORTH FL

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change Addition

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 119.07(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 on an attachment with an address.

SIGNATURE:

Sherri A. Scholz

Sherri A. Scholz

4-17-96

(407) 533-7856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)