

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N00521** (7)

1. Corporation Name

THE FLORIDA INSTITUTE OF MARTIAL ARTS, INC.



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|---|--|
| Principal Place of Business 125 S DIXIE HWY LAKE WORTH FL 33460 | Mailing Address 125 S DIXIE HWY LAKE WORTH FL 33460-4132 |
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|--|--|
| 3. Date Incorporated or Qualified 12/22/1983 | 3a. Date of Last Report 05/01/1996 |
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|---|----------------------------------|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 59-2444482 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHOLZ, SHERRI A
427 GRISWOLD DR.
LAKE WORTH FL 33461**

| |
|---|
| 81 Name SHERRI A |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City FL |
| 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE DS | <input type="checkbox"/> DELETE | 1.1 TITLE DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SHOLZ, SHERRI A | | 1.2 NAME Scholz, Sherr A | |
| STREET ADDRESS 427 GRISWOLD DR. | | 1.3 STREET ADDRESS 620 Ocean Inlet Dr. | |
| CITY-ST-ZIP LAKE WORTH FL 33961 | | 1.4 CITY-ST-ZIP Boynton Bch, FL 33435 | |
| TITLE DP | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HALL, WILLIAM II | | 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 | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sherr A. Scholz **4-4-97** (561) 733-6791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039153

CR2E037 (9/96)