FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40368 (5)

1. Corporation Name

MARTIAL ARTS ACADEMY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4062 LANTANA FL 33465	P.O. BOX 4062 LANTANA FL 33465

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1990
3a. Date of Last Report: 04/18/1994
4. FEI Number: NOT APPLICABLE ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MANDEL, MITCHEL D.
5453 REYNOLDS RD
LAKE WORTH FL 33465

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	MADEN, MITCHEL DAVID	1.2 NAME	MANDEL, MITCHEL D	CORRECTION OF LAST NAME, SAME PERSON
STREET ADDRESS	5453 REYNOLDS RD	1.3 STREET ADDRESS	5453 REYNOLDS RD	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MCKONE, DONALD W.	2.2 NAME	NOPPAMAS MATA	
STREET ADDRESS	311 NE 17 AVE	2.3 STREET ADDRESS	1561 ROY DR.	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH FL. 33415	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SULLIVAN, FRANCES V.	3.2 NAME	ROBERT EVANS	
STREET ADDRESS	1923 19 LN	3.3 STREET ADDRESS	293 KELSEY PK. CIR.	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	P.B.G. FL. 33410	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Mitchel D. Mandel APRIL 17, 1995 407-547-3714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007A060