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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33465-4062

3. Date Incorporated or Qualified
10/17/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

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

81 Name NOPPAMAS MATA

82 Street Address (P.O. Box Number is Not Acceptable)
1561 ROY DRIVE

83

84 City WEST PALM BEACH FL 85 Zip Code 33415

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 *Noppamas MATA* NOPPAMAS MATA, DIRECTOR

APR 21, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME MADEN, MITCHEL DAVID
STREET ADDRESS 5453 REYNOLDS RD
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME NOPPAMAS, MATA
1.3 STREET ADDRESS 1561 ROY DRIVE
1.4 CITY-ST-ZIP WEST PALM BEACH FL.

TITLE D ☐ DELETE
NAME NOPPAMAS, MATA
STREET ADDRESS 1561 ROY DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME MILLER, TIMOTHY J.
2.3 STREET ADDRESS 4262 WESTROADS DRIVE
2.4 CITY-ST-ZIP WEST PALM BEACH, FL

TITLE D ☐ DELETE
NAME MILLER, TIMOTHY J.
STREET ADDRESS 4262 WESTROADS DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME CRISTINA NOTO
3.3 STREET ADDRESS 7278 BURGESS DRIVE
3.4 CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Noppamas MATA* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOPPAMAS MATA APR 21, 1997 561-547-3408
Date Daytime Phone # 0043043

CR2E037 (9/96)