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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40368 (5)

1. Corporation Name
MARTIAL ARTS ACADEMY, INC.

Principal Place of Business P.O. BOX 4062 LANTANA FL 33465	Mailing Address P.O. BOX 4062 LANTANA FL 33465
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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
1048 HYPOLUXO RD	LANTANA FL 33462 U.S.A.

9. Name and Address of Current Registered Agent
**NOPPAMAS, MATA
1561 ROY DRIVE
WEST PALM BEACH FL 33415**

3. Date Incorporated or Qualified 10/17/1990	4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

10. Name and Address of New Registered Agent

81 Name MITCHEL D. MANDEL	82 Street Address (P.O. Box Number Is Not Acceptable) 1048 HYPOLUXO RD.
83	84 City LANTANA
85 Zip Code 33462	

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 *Mitchel D. Mandel* **MITCHEL D. MANDEL, DIRECTOR** **APR 30, 1998**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME NOPPAMAS, MATA	
STREET ADDRESS 1561 ROY DRIVE	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME NOTO, CRISTINA	
STREET ADDRESS 7278 BURGESS DRIVE	
CITY-ST-ZIP LAKE WORTH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MILLER, TIMOTHY J.	
STREET ADDRESS 4262 WESTROADS DRIVE	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MITCHEL D. MANDEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME 1048 HYPOLUXO RD.	
1.3 STREET ADDRESS LANTANA, FL 33462	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Mitchel D. Mandel* **MITCHEL D. MANDEL, DIRECTOR** **APR 30, 1998**

CR2E037 (10/97)