


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46099 (0) 1. Corporation Name CHRISTIAN MARTIAL ARTS ASSOCIATION, INC.					
Principal Place of Business 1599 BANKS ROAD MARGATE FL 33069 US			Mailing Address 1599 BANKS ROAD MARGATE FL 33069 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		Country 30	
3. Date Incorporated or Qualified 11/18/1991					
4. FEI Number NOT APPLICABLE					
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" 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					
9. Name and Address of Current Registered Agent BRETON, PETER L. 625 NORTH FLAGLER DRIVE NINTH FLOOR, BARNETT CENTRE W PALM BEACH FL 33401			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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 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	D <input type="checkbox"/> DELETE				
NAME	BATTEN, BOB				
STREET ADDRESS	1574 N.W. 65TH TERRACE				
CITY-ST-ZIP	MARGATE FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	FIELDS, TRACY				
STREET ADDRESS	957 N.W. 82ND AVE.				
CITY-ST-ZIP	CORAL SPRINGS FL				
TITLE	PD <input type="checkbox"/> DELETE				
NAME	WILES, JERRY L.				
STREET ADDRESS	1480 NW 69 AVE				
CITY-ST-ZIP	MARGATE FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	WILES, TAMI				
STREET ADDRESS	1480 NW 69 AVE				
CITY-ST-ZIP	MARGATE FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	ESCOBAR, JUSTO				
STREET ADDRESS	11069 GLENWOOD DR.				
CITY-ST-ZIP	CORAL SPRINGS FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



SIGNATURE:

Justo Escobar

5-1-98 954-968-5659

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