


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 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 # N94000005930 (2) 1. Corporation Name KATSAITIS FLORIDA KARATE ACADEMY-UFSKA, INC.			
Principal Place of Business 2145 W DAVIE BLVD SUITE 101 FT LAUDERALE FL 33312		Mailing Address 2145 W DAVIE BLVD SUITE 101 FT LAUDERALE FL 33312-3155	
2. Principal Place of Business 21 3145 DAVIE BLVD Suite, Apt. #, etc.		2a. Mailing Address 26 3145 DAVIE BLVD Suite, Apt. #, etc.	
22 City & State 23 FT LAUDERDALE, FL		27 City & State 28 FT LAUDERDALE, FL	
24 33312 Country		29 33312 30 Country	
9. Name and Address of Current Registered Agent KATSAITIS, VASILIOS 2145 W DAVIE BLVD SUITE 101 FT LAUDERALE FL 33312		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 3145 DAVIE BLVD 83 84 City FT LAUDERDALE 85 Zip Code FL 33312	
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: VASILIOS KATSAITIS DATE: 4.18.97 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KATSAITIS, VASILIOS 7520 LASALLE BLVD MIRAMAR FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KATSAITIS, ROSA MARIA 7520 LASALLE BLVD MIRAMAR FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KATSAITIS, CARMEN 7520 LASALLE BLVD MIRAMAR FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KATSAITIS, GEORGE 7520 LASALLE BLVD MIRAMAR FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the 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: X VASILIOS KATSAITIS DATE: 4.18.97 954 587-5007 <small>Signature typed or printed name of signing officer or director. Date Daytime Phone # 000-0000</small>			



CR2E037 (9/96)