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Apr 17 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 # **N96000006318 (7)**

1. Corporation Name

SHINDAI AIKIKAI, INC. OF CENTRAL FLORIDA

Principal Place of Business	Mailing Address
1940 BRENGLE AVENUE ORLANDO FL 32801	1940 BRENGLE AVENUE ORLANDO FL 32808-5602

3. Date Incorporated or Qualified: 12/11/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 1940 Brengle Avenue
Suite, Apt. #, etc. 22:
City & State 23: Orlando Florida
Zip 24: 32808 Country 25: Orange

2a. Mailing Address
26: 1940 Brengle Avenue
Suite, Apt. #, etc. 27:
City & State 28: Orlando Florida
Zip 29: 32808 Country 30: Orange

4. FEI Number: 59-3480165 ☐ 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

HOOKER, DENNIS
1940 BRENGLE AVENUE
ORLANDO FL 32801 32808

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code: 32808

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 _____ 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	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HOOKER, DENNIS		1.2 NAME		
STREET ADDRESS	1940 BRENGLE AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP	32808	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	JONES, DAVID PH.D.		2.2 NAME		
STREET ADDRESS	1940 BRENGLE AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		2.4 CITY-ST-ZIP	32808	
TITLE	VD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CANIN, BRIAN		3.2 NAME		
STREET ADDRESS	1940 BRENGLE AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		3.4 CITY-ST-ZIP	32808	
TITLE	SD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	DAVIS, BRIAN		4.2 NAME		
STREET ADDRESS	1940 BRENGLE AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		4.4 CITY-ST-ZIP	32808	
TITLE	TD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	FASEN, STEPHEN		5.2 NAME		
STREET ADDRESS	1940 BRENGLE AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		5.4 CITY-ST-ZIP	32808	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Dennis Hooker RECEIVED 4-10-97 623-1075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #