SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

N9600006530 (7) DOCUMENT #

NORTH FLORIDA AIKIKAI, INC.

FILED Sep 08 1997 8:00am Secretary of State



Delegand Disco of Duciness Mailing Address											
Principal Place of Business Mailing Address											
502 E PARK AVE TALLAHASSEE FL 32301			502 E PARK AVE TALLAHASSEE FL 32301				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 12/23/1996	3a . Da	te of Last R	eport	
2. Principal P	lace of Business	2a. 26	. Mailing Address				4. FEI Number 59-3464788			oplied For ot Applicable]
Suite, Apt. #, etc.			Suile, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24				30 Cou	intry	:	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of	of Current Regis	stered Agent				10. Name and Address of New Re	gistered A	gent		1
					B1 Nam	e					1
MOORE, RICHARD W			82 Street Add			t Addres	Idress (P.O. Box Number is Not Acceptable)				
502 E PARK AVE TALLAHASS E E FL 32301			83								-
IALLAMA	188EE PL 32301										╛
					84 City			FL	85 Zip (Code	
11. Pursuant office or ragent. I a	to the provisions of Sections egistered agent, or both, in m familiar with, and accept	s 617.0502 and 6 the State of Flori the obligations o	317.1508, Florida Statut da. Such change was f, Section 617.0503, Fl	es, the a authorize orida Sta	bove-name d by the co tutes.	ed corpo orporatio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of of the appo	changing it sintment as	s registered registered	
SIGNATURE .											1
Signature, typed or printed name of registered agent and liftle if applicable. (NOTE: Ro 12. OFFICERS AND DIRECTORS					d Agent signati	ure required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECTOR	S IN 12	1
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44 I do horel	au portify that the information	n eumplied with th	hin liting door not guali	fu for the	avamation	etatodi	n Section 110 07/3Vi) Florida Statuto	e I further	cortifu that	tho	1

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.