FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 10:24

DOCUMENT # P94000005206 (5)

1. Corporation Name
TRADITIONAL MARTIAL ARTS CENTER, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2220 HEMPLE AVE. WINTER GARDEN FL 34787	2220 HEMPLE AVE. WINTER GARDEN FL 34787

3. Date Incorporated or Qualified: 01/20/1994
3a. Date of Last Report: NA

2. Principal Place of Business	2a. Mailing Address
21	26 463 SONOMA VALLEY Circle
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Orlando Florida
Zip / Country 24 / 25	Zip / Country 29 32835 / 30 USA

4. FEI Number: 59-3221911 ☐ 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	10. Name and Address of New Registered Agent
JACKSON, SUSAN 463 SONOMA VALLEY CIRCLE ORLANDO FL 32835	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, SUSAN	1.2 NAME	
STREET ADDRESS	463 SONOMA VALLEY CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SNELL, EDDIE	2.2 NAME	
STREET ADDRESS	1303 SAND PINE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL 34761	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, FRANK	3.2 NAME	
STREET ADDRESS	2611 TRYON PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, BECKY	4.2 NAME	
STREET ADDRESS	2611 TRYON PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	DELLOS, MELISSA	5.2 NAME	
STREET ADDRESS	463 SOMONA VALLEY CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	SHIRLEY, JUSTINA	6.2 NAME	
STREET ADDRESS	588 PORTLAND CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703-4978	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan E Jackson Susan E. Jackson 1/22/95 (407) 290-9254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0483407 FP