

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000005206 (5)

1. Corporation Name

TRADITIONAL MARTIAL ARTS CENTER, INC.



Principal Place of Business

2220 HEMPLE AVE.  
WINTER GARDEN FL 34787

Mailing Address

463 SONOMA VALLEY CIRCLE  
ORLANDO FL 32835  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

01/24/1995

4. FET 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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when new listing)

4/8/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	JACKSON, SUSAN	463 SONOMA VALLEY CIRCLE	ORLANDO FL 32835	<input type="checkbox"/>
V	SNELL, EDDIE	1303 SAND PINE AVE.	OCOOEE FL 34761	<input type="checkbox"/>
V	WATSON, FRANK	2611 TRYON PLACE	WINDERMERE FL 34786	<input type="checkbox"/>
V	WATSON, BECKY	2611 TRYON PLACE	WINDERMERE FL 34786	<input type="checkbox"/>
S	DELLOS, MELISSA	463 SONOMA VALLEY CIRCLE	ORLANDO FL 32835	<input checked="" type="checkbox"/>
T	SHIRLEY, JUSTINA	588 PORTLAND CIRCLE	APOPKA FL 32703-4978	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Secretary  
JON MALONE  
8627 Willow Kane Ct.  
Orlando Florida 32835

Treasurer  
MARCOS VARGAS  
414 Governors Ave.  
Orlando Florida 32808

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

(407) 290-9254

CR2E034 (12/95)