

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

JACKSON, SUSAN
463 SONOMA VALLEY CIRCLE
ORLANDO FL 32835

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JACKSON, SUSAN
STREET ADDRESS 463 SONOMA VALLEY CIRCLE
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ DELETE

NAME SNELL, EDDIE
STREET ADDRESS 1303 SAND PINE AVE.
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ DELETE

NAME WATSON, FRANK
STREET ADDRESS 2611 TRYON PLACE
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ DELETE

NAME WATSON, BECKY
STREET ADDRESS 2611 TRYON PLACE
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ DELETE

NAME MALONE, JON
STREET ADDRESS 8627 WILLOW KANE CT
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME VARGAS, MARCOS
STREET ADDRESS 914 GOVERNORS AVE.
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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 3/11/98 (407) 290-9254

CR2E034 (10/97)