

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90025 027 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P94000005206 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS TITLE P NAME JACKSON, SUSAN STREET ADDRESS 463 SONOMA VALLEY CIRCLE CITY-ST-ZIP ORLANDO FL 32835 TITLE V NAME SNELL, EDDIE STREET ADDRESS 1389 SAND PINE AVE. 9625 Pine Island Rd CITY-ST-ZIP 06065 FL 34761-11 Clearmont, FL 34711 TITLE V NAME WATSON, FRANK STREET ADDRESS 2611 TRYON PLACE CITY-ST-ZIP WINDERMERE FL 34788 TITLE V NAME WATSON, BECKY STREET ADDRESS 2611 TRYON PLACE CITY-ST-ZIP WINDERMERE FL 34788 TITLE S NAME MALONE, JON STREET ADDRESS 8627 WILLOW KANE CT CITY-ST-ZIP ORLANDO FL TITLE T NAME VARGAS, MARCOS STREET ADDRESS 914 GOVERNORS AVE. CITY-ST-ZIP ORLANDO FL | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Jorge Orchilles 1.2 NAME Director 1.3 STREET ADDRESS 508 Laurinburg Lane 1.4 CITY-ST-ZIP Ocoee, Fla. 34761 2.1 TITLE Gigi Orchilles 2.2 NAME Director 2.3 STREET ADDRESS 508 Laurinburg Lane 2.4 CITY-ST-ZIP Ocoee Fla. 34761 3.1 TITLE Jennifer Velde 3.2 NAME Director 3.3 STREET ADDRESS 374 Lakeview St. 3.4 CITY-ST-ZIP Orlando Fla. 32804 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE Treasurer 6.2 NAME Miguel Mendezbal 6.3 STREET ADDRESS 9273 60th Rd 6.4 CITY-ST-ZIP Orlando Fla. 34786 | |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 REG. AGENT _____ 8/6/99 (407) 290 9254 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

CR2E034 (5/99)