

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000014768 (3)**

1. Corporation Name

GOLD COAST KENPO KARATE, INC.



Principal Place of Business

**952 CYPRESS CREEK RD.
FT. LAUDERDALE FL 33334**

Mailing Address

**952 CYPRESS CREEK RD.
FT. LAUDERDALE FL 33334**

3. Date Incorporated or Qualified

02/17/1994

3a. Date of Last Report

02/24/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FFL Number

65-0211688

Applied For

Not Applicable

Sec. Apt. #, etc.

22

Sec. Apt. #, etc.

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

City & State

23

City & State

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENZINNA, LINDA
952 CYPRESS CREEK RD.
FT. LAUDERDALE FL 33334**

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 607.0602 and 607.1506, 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 must be printed and accompanied by the name of the signatory.)

(Print Name of Agent/Secretary of State/Registered Agent/Change Agent)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE

NAME

STREET ADDRESS

CITY-STATE-ZIP

FILE

NAME

STREET ADDRESS

CITY-STATE-ZIP

FILE

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CITY-STATE-ZIP

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1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

733-7034

CR2E034 (12/95)