

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 # P94000016001 (7)

1. Corporation Name
"BAYLY'S KARATE CLUB" INC.



Principal Place of Business: 4184 SPRING LAKE HIGHWAY, BROOKSVILLE FL 34601 US
Mailing Address: P.O. BOX 954, BROOKSVILLE FL 34605

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report: 04/24/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3230722	Applied For: Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAYLY, STEVEN F
7499 HIGH CORNER RD
BROOKSVILLE FL 34602

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYLY, STEVEN F	2. NAME	
STREET ADDRESS	7495 HIGH CORNER RD	3. STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL 34602	4. CITY - ST - ZIP	
TITLE	VD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYLY, SHERRI L	6. NAME	
STREET ADDRESS	7495 HIGH CORNER RD	7. STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL 34602	8. CITY - ST - ZIP	
TITLE	TD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSEN, SUSAN M	10. NAME	
STREET ADDRESS	7499 HIGH CORNER RD	11. STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL 34602	12. CITY - ST - ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. CITY - ST - ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. 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)(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: *Steven F. Bayly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 (352) 799-4574
Date: Daytime Phone #

CR2E034 (12/95)