

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

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90207 037 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000016001**

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



Principal Place of Business
**CARRIAGE HILLS PLAZA
 31081 CORTEZ BLVD.
 BROOKSVILLE FL 34602
 US**

Mailing Address
**PO BOX 954
 BROOKSVILLE FL 34605**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 City & State
 Zip Country

2a. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

31079 Cortez Blvd.

3. Date Incorporated or Qualified
03/01/1994

4. FEI Number
59-3230722

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**BAYLY, STEVEN F
 7499 HIGH CORNER RD
 BROOKSVILLE FL 34602**

10. Name and Address of New Registered Agent

81 Name **Susan M. Davidsen**
 82 Street Address (P.O. Box Number is Not Acceptable)
7499 High Corner Rd
 83
 84 City **Brooksville** FL 85 Zip Code **34602**

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 *Susan M. Davidsen* DATE **4-16-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYLY, STEVEN F	1.2 NAME	
STREET ADDRESS	7495 HIGH CORNER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34602	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSEN, SUSAN M	2.2 NAME	VTS/SD/M
STREET ADDRESS	7499 HIGH CORNER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34602	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Susan M. Davidsen* DATE **4-16-99** (352) 796-7646

CR2E034 (1/98)