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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001522270
-06/23/95--01077--025
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000053435

1. Corporation Name
MR. C'S EAST-WEST KARATE, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 19575-15 ST. RD. 7<br>BOCA RATON, FL 33498 | 19575-15 ST. RD. 7<br>BOCA RATON, FL 33498 |

3. Date Incorporated or Qualified: 7/19/84
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 19575-15 ST. RD. 7 | 26 19575-15 ST. RD 7 |
| 22 Suite, Apt. #, etc | 27 Suite, Apt. #, etc |
| 23 City & State: BOCA RATON, FL | 28 City & State: BOCA RATON, FL |
| 24 Zip: 33498 25 Country: | 29 Zip: 33498 30 Country: |

4. FEI Number: 65-0509803 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CORP. INFORMATION SERVICES<br>1201 HAYS ST.<br>TALLAHASSEE, FL 32301 | 81 Name: BENNIE COLNETT<br>82 Street Address (P.O. Box Number is Not Acceptable): 19575-15 STATE ROAD 7<br>83<br>84 City: BOCA RATON FL 85 Zip Code: 33498 |

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: X Bennie Colnett Pres (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: X 05-24-95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | D/P/S ☒ Change ☐ Addition |
| NAME | COLNETT, BENNIE | 12 NAME | BENNIE COLNETT |
| STREET ADDRESS | 116 SE 6 COURT | 13 STREET ADDRESS | 19575-15 ST. RD. 7 |
| CITY ST ZIP | FT. LAUDERDALE, FL 33301 | 14 CITY ST ZIP | BOCA RATON, FL 33498 |
| TITLE | | 21 TITLE | S/VP/T ☐ Change ☒ Addition |
| NAME | | 22 NAME | PAUL BACCIA |
| STREET ADDRESS | | 23 STREET ADDRESS | 19575-15 ST. RD. 7 |
| CITY ST ZIP | | 24 CITY ST ZIP | BOCA RATON, FL 33498 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | PERMITTED BY MAY 1 |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | 5/1/95 MST |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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)(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: X Bennie Colnett-Pres (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 05-24-95 Daytime Phone: (407) 451-1481