

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 # P94000061101 (9)

1. Corporation Name

MARTIAL ARTS ACADEMY OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

4568 E MICHIGAN ST  
#206  
ORLANDO FL 32812  
US

4568 E MICHIGAN ST  
#206  
ORLANDO FL 32812  
US

3. Date Incorporated or Qualified

08/12/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3268647

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

NELSON, FRANK R  
2367 S CONWAY RD  
#206  
ORLANDO FL 32812

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

Signature, typed or printed name of registered agent or officer or director

NOTE: Registered Agent signature required when not at all

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1. TITLE ☒ Change ☐ Addition

NAME  
NELSON, FRANK R  
STREET ADDRESS  
2367 S CONWAY RD #206  
CITY - ST - ZIP  
ORLANDO FL 32812

NAME  
CHANTHAVONG, VIENGSAVAN  
STREET ADDRESS  
4568 E MICHIGAN ST  
CITY - ST - ZIP  
ORL. FL 32812

TITLE ☐ DELETE

2. TITLE ☐ Change ☐ Addition

NAME  
CHANTHAVONG, VIENGSAVAN T  
STREET ADDRESS  
2367 S CONWAY RD #206  
CITY - ST - ZIP  
ORLANDO FL 32812

TITLE ☐ DELETE

3. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

4. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

6. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

NAME  
STREET ADDRESS  
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, upon an attachment with an address.

SIGNATURE:

Chanthavong Viengsavanh

Signature, typed or printed name of signing officer or director

96 MAY 1 2730006

Date

Daytime Phone #

CR2E034 (12/95)