

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 4568 E MICHIGAN ST #206 ORLANDO FL 32812 US	Mailing Address 4568 E MICHIGAN ST #206 ORLANDO FL 32812 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/12/1994	
4. FEI Number 59-3268647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2838 Curryford Rd.		2a. Mailing Address 26 2838 Curryford Rd.	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 Orlando, FL 32806		City & State 28 Orlando, FL	
Zip 24 32806	Country 25 US	Zip 29 32806	Country 30 US

9. Name and Address of Current Registered Agent
**NELSON, FRANK R
2367 S CONWAY RD
#206
ORLANDO FL 32812**

10. Name and Address of New Registered Agent	
81 Name Nelson, Frank R.	
82 Street Address (P.O. Box Number is Not Acceptable) 4150 Barnsley Dr.	
83	
84 City Orlando	85 Zip Code FL 32812

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 *Chanthavong* (NOTE: Registered Agent signature required when reinstating) DATE **3-4-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME CHANTHANVONG, VIENGSAVAN	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4568 E MICHIGAN ST		1.2 NAME	
CITY-ST-ZIP ORLANDO FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE D	NAME CHANTHAVONG, VIENGSAVAHN T	1.4 CITY-ST-ZIP	
STREET ADDRESS 2367 S CONWAY RD #206	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP ORLANDO FL 32812		2.2 NAME D	
TITLE	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS Chanthavong, Viengsavahn T.	
NAME		2.4 CITY-ST-ZIP 4150 Barnsley Dr.	
STREET ADDRESS		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		3.2 NAME	
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		4.2 NAME	
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		6.2 NAME	
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	
STREET ADDRESS			
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.

SIGNATURE *Chanthavong* DATE **3-4-98**

CR2E034 (10/97)