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Mar 26, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000072264

1. Corporation Name  
MARCELLINO KARATE CORPORATION

Principal Place of Business: 13678 WEST STATE ROAD 84 DAVIE FL 33325  
Mailing Address: 13678 WEST STATE ROAD 84 DAVIE FL 33325



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1994  
4. FEI Number: 65-0529232  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
MARCELLINO, JAMES  
201 RACQUET CLUB ROAD  
STE. 3519  
FORT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 13678 W. STATE ROAD 84  
83  
84 City: DAVIE FL 85 Zip Code: 33325

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] AGENT DATE: 2/23/99

12. OFFICERS AND DIRECTORS table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and a DELETE checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for 1.1-1.4 and 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4 and Change/Addition checkboxes.

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: [Signature] PRESIDENT DATE: 2/23/99 DAYTIME PHONE #: (954) 473-5425

FORM 100

CR2E034 (11/98)