

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000076283 (8)**

1. Corporation Name

KUNG FU FOR KIDS, INC.

Principal Place of Business

3940 HUNTER'S ISLE BLVD
ORLANDO FL 32837

Mailing Address

3940 HUNTER'S ISLE BLVD
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/14/1994**
3a. Date of Last Report

2. Principal Place of Business

21. *Same*

2a. Mailing Address

26. *Same*

4. FEI Number

59-3298973

Applied For

Not Applicable

22. Suite, Apt #, etc

27. Suite, Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. City & State

28. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip County

29. Zip County

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**COHEN, DAVID S
2345 SAND LAKE RD
SUITE 120
ORLANDO FL 32809**

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City **FL** 05. 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 based on printed name of registered agent and fee is payable.

2201. Registered Agent signature required when mandatory.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|--------------------------------|
| TITLE | D |
| NAME | SPRINGER, JOHN E |
| STREET ADDRESS | 3940 HUNTER'S ISLE BLVD |
| CITY, ST, ZIP | ORLANDO FL 32837 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
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| CITY, ST, ZIP | |

| | | |
|--------------------|--|---|
| 14. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15. NAME | | |
| 16. STREET ADDRESS | | |
| 17. CITY, ST, ZIP | | |
| 18. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19. NAME | | |
| 20. STREET ADDRESS | | |
| 21. CITY, ST, ZIP | | |
| 22. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23. NAME | | |
| 24. STREET ADDRESS | | |
| 25. CITY, ST, ZIP | | |
| 26. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27. NAME | | |
| 28. STREET ADDRESS | | |
| 29. CITY, ST, ZIP | | |
| 30. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31. NAME | | |
| 32. STREET ADDRESS | | |
| 33. CITY, ST, ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and shown not equally for the corporation subject as Section 119.01(9)(b), Florida Statutes. I further certify that the information supplied 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 102, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

John E. Springer
SIGNATURE AND TYPED IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-246-4121
Customer Service