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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000011125 (8)

1. Corporation Name

TOMODACHI JUDO CLUB OF BOCA RATON, INC.

Principal Place of Business

2534 SW 12TH STREET
BOYNTON BEACH FL 33426

Mailing Address

2534 SW 12TH STREET
BOYNTON BEACH FL 33426-7411



3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

04/11/1996

4. FEI Number

65-0565580

NON-PROFIT

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SZREJTER, MICHAEL
2534 SW 12TH STREET
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

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 registering agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SZREJTER, MICHAEL	
STREET ADDRESS	2534 SW 12TH ST.	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOCKE, STEPHEN C.	
STREET ADDRESS	2534 SW 12TH STREET	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DEGEORGIA, JAMES	
STREET ADDRESS	2534 SW 12TH ST.	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHELOW, PATRICK J	
STREET ADDRESS	2534 SW 12TH STREET	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	APPLEBAUM, AARON	
STREET ADDRESS	2534 SW 12TH ST.	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MICHAEL HEILMAN
6.3 STREET ADDRESS	2534 SW 12TH STREET
6.4 CITY - ST - ZIP	BOYNTON BEACH FL 33426

14. I do 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: Stephen C. Locke STEPHEN C. LOCKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-367-3350

CR2E034 (9/96)