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

**PROFIT CORPORATION** ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000051762 (9)

**DELTONA KARATE INSTITUTE, INC.** 

Mailing Address

Principal Place of Business 1200 DELTONA BLVD P.O BOX 6128 **DELTONA FL 32728** DO NOT WRITE IN THIS SPACE DELTONA FL 32738 3. Date Incorporated or Qualified 07/05/1995 2. Principal Place of Business 2a. Mailing Address Applied For <u> 2503</u> 59-3366658 Ains worth SAMC Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes Yes 29 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent REYES, MICHAEL 2503 AINSWORTH AVE. Street Address (P.O. Box Number is Not Acceptable) **DELTONA FL 32738** 83 City 85 Zip Code 84 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 and title it applicable (NOTE\_Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change ☐ Addition TITLE NAME REYES, MICHAEL 1.2 NAME 2503 AINSWORTH AVE STREET ADDRESS 1.3 STREET ADDRESS **DELTONA FL 32738** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition 2.1 TITLE REYES, NELLY L 2.2 NAME 2503 AINSWORTH AVE STREET ADDRESS 23 STREET ADDRESS **DELTONA FL 32738** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition ,TITLE 4.1 TITLE HAVE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CATY-ST-ZIP DELETE Change Addition 5.1 TITLE TYEL F 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NWE 62 NAME 6.3 STREET ADDRESS 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 suppliemental 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 approximant with an address.

SIGNATURE: X

4-27-98

X 532-9214

CRZE034

**FILED** 

May 08 1998 8:00am

Secretary of State