

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000063037 (2)

1. Corporation Name

MARTIAL ARTS INC.



Principal Place of Business

Mailing Address

3801 N. UNIVERSITY DR.
SUITE 311
SUNRISE FL 33351

3801 N. UNIVERSITY DR.
SUITE 311
SUNRISE FL 33351

3. Date Incorporated or Qualified

08/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 738 Riverside Dr
Suite, Apt. #, etc.

26 738 Riverside Dr
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Coral Springs, FL

28 Coral Springs, FL

24 Zip

25 Country

29 Zip

30 Country

33071

USA

33071

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418

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 registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME POWELL, WILLIAM
STREET ADDRESS % 3801 N. UNIVERSITY DR. #311
CITY-ST-ZIP SUNRISE FL 33351

12 NAME Powell, William
13 STREET ADDRESS 738 Riverside Dr.
14 CITY-ST-ZIP Coral Springs, FL 33071

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME KOENIGSBEG, ALBERT
STREET ADDRESS % 3801 N. UNIVERSITY DR. #311
CITY-ST-ZIP SUNRISE FL 33351

22 NAME Koenigsberg, Albert
23 STREET ADDRESS 738 Riverside Dr
24 CITY-ST-ZIP Coral Springs, FL 33071

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-96 854-344-7344

CR2E034 (12/95)