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Mar 03 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 # P96000024718 (4)

1. Corporation Name  
MARTIAL ARTS SCHOOL, INC.

Principal Place of Business  
301 NORTH FERNCREEK AVENUE  
ORLANDO FL 32803

Mailing Address  
301 NORTH FERNCREEK AVENUE  
ORLANDO FL 32803-5400



3. Date Incorporated or Qualified 03/18/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 4850 WATERVISTA DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 4850 WATERVISTA DRIVE  
Suite, Apt. #, etc.

4. FEI Number 59 33 69 44 8  
Applied For  
Not Applicable

22 City & State  
23 ORLANDO, FL  
24 Zip 32821  
25 Country ORANGE

27 City & State  
28 ORLANDO FL  
29 Zip 32821  
30 Country ORANGE

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

9. Name and Address of Current Registered Agent

MCLARRY, GEORGE C  
301 NORTH FERNCREEK AVENUE  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name HARRY J. MCGUIRE  
82 Street Address (P.O. Box Number is Not Acceptable) 4850 WATERVISTA DRIVE  
83  
84 City ORLANDO FL 85 Zip Code 32821

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 HARRY J. MCGUIRE  
Signature, typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstating)  
DATE 2/5/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGUIRE, HARRY J	
STREET ADDRESS	4850 WATERVISTA DRIVE	
CITY - ST - ZIP	ORLANDO FL 32821	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGUIRE, EFFY X P	
STREET ADDRESS	4850 WATERVISTA DRIVE	
CITY - ST - ZIP	ORLANDO FL 32821	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROVIRA, N L	
STREET ADDRESS	13129 SAN DIEGO WOOD LANE	
CITY - ST - ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: HARRY J. MCGUIRE 2/5/97 407 852 6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)