

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055920

1. Corporation Name

FLORIDA LEAGUE OF MARTIAL ARTS, INC.

Principal Place of Business

1888 77TH AVE. N
ST. PETE FL 33702

Mailing Address

1888 77TH AVE. N
ST. PETE FL 33702

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90030 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1996

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be -
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

SCHUTZ, MISHELE B
535 CENTRAL AVENUE
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

John Gabriel

82 Street Address (P.O. Box Number is Not Acceptable)

19105 Gulf Blvd.

83

84 City

Indian Shores,

FL

85 Zip Code

33785

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 607.0504, Florida Statutes.

SIGNATURE

John Gabriel

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERKILE, BILL	
STREET ADDRESS	1888 17TH AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ENDICOTT, CHRISTINE	
STREET ADDRESS	1888 17TH AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ALFORD, RICHARD	
STREET ADDRESS	1623 A GULF TO BLVD.	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REFINER, JAMES	
STREET ADDRESS	5627 82ND WAY	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John GABRIEL	
1.3 STREET ADDRESS	10990 OAKDALE TERR	
1.4 CITY-ST-ZIP	SEMINOLE FL 33772	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rod L. GRIFFIN	
2.3 STREET ADDRESS	1550 - P2 McMillen North Rd. #187	
2.4 CITY-ST-ZIP	Clearwater, FL 33757	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James M. Patton 'Jawari'	
3.3 STREET ADDRESS	1671 Silverwood ST	
3.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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, with all other like empowered.

SIGNATURE:

John Gabriel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/99 7273971625
Date Daytime Phone #

CR2E034 (1/98)