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03-06-1999 90128 004 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600060119

1. Corporation Name

MARTIAL ARTS INSTITUTE, INC.

Principal Place	e of Business		Ma	ailing Address					<b> 10   10 </b>     10   10   1   1   1   1   1   1   1		BANKA BURUN 1	11860 1011 1881
8921 WEST ATLANTIC BLVD STE. X J			892	8921 WEST ATLANTIC BLVD. STE. T. J.								
CORAL SPRINGS FL 33071			CORAL SPRINGS FL 33071					DO NOT WRITE IN THIS SPACE				
US			US					3	Date Incorporated or Qualifed	ı		
									07/17/1996 . FEI Number		1 1 400	plied For
<u> </u>	lace of Business		2a.	Mailing Address				4	65-0693039		<u> </u>	t Applicable
21			26	Suite, Apt. #, etc.					00-0090039		\$8.75 A	
Suite, Apt. #, etc.			<u> </u>				5	. Certifcate of Status Desired		Fee Re	II.	
City & State			21	City & State				g	Election Campaign Financing	-	\$5.00	May Be
23	•		28	,				"	Trust Fund Contribution		Added to	
Zip		Country	1201	Zip	Cou	intry		8	. This corporation owes the cur	rent year Int	angible	
24	25	-	29		30				Personal Property Tax.		☐ Yes	□No
		Address of Currer	nt Regis	tered Agent				10	). Name and Address of New	Registered	Agent	
						81	Name					
	ARIN, RONALD					82	Street /	Address (	(P.O. Box Number is Not Accep	table)		
	W BOCA RATO											
BOC	A RATON FL 3	3432				83						j
						84	City			FL	85 Zip C	Code
									an authorite this statement for the		changing its	registered
office or n	enistered agent (	or both in the State	of Florid	la. Such change was a	uthonzed	j by t	ine corpo	corporation's t	on submits this statement for the board of directors. I hereby acce	e purpose or ept the appoi	intment as req	gistered
agent. I a	m familiar with, a	nd accept the obliga	itions of,	Section 607.0505, Flo	rida Stat	utes.						ļ
SIGNATURE												
SIGNATURE							aignoturo m	novired when	- coinstation)	DATE		i
	Signature, typed or prin	nted name of registered age			<del></del>	i Agent	t signature re	equired when	ADDITIONS/CHANGES TO O	DATE FFICERS AN	ND DIRECTO	RS IN 12
12.		oted name of registered age OFFICERS AN			13.		t signatura re	equired when	n reinstating) ADDITIONS/CHANGES TO O		ND DIRECTO	IRS IN 12
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12. TITLE NAME	D ZAKARIN, RO	OFFICERS AN		CTORS	13. 1.1 TO 1.2 N	TLE AME		equired when				
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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 supplier ental 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 of trusteel empowered to execute this report as fedured 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP