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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000101049 (0)

SAN BAO SCHOOL OF MARTIAL ARTS & CLINIC OF TRADITIONAL CHINESE MEDICINE, INC.

Descript Diag	a of Discharge	Mailing Address					
Principal Place of Business Mailing Address 4344 TAMIAMI TRAIL 4344 TAMIAMI TRAIL					Control of the contro	granter of the second control of the second	
4344 TAMIAMI TRAIL CHARLOTTE HARBOR FL 33960 CHARLOTTE HARBOR FL 33							
					3, Date incorporated or Qualifie 12/13/1996	d 3a. Date of Last Report	
2. Principal Pl	lace of Business	2a. Mailing Addre	988	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite. Apt. #,	etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 28					Trust Fund Contribution	Added to Fees	
⊢_∋ ^Ζ ⊕	ten to the ten to the ten to the ten to the ten ten ten ten ten ten ten ten ten te		Coun	try	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30 9, Name and Address of Current Registered Agent		30	Florida Statutes Yes M No 10, Name and Address of New Registered Agent			
		urrent Hegistered Agent		1 Name	10. Name and Address of New	Hegistered Agent	
	s, lisa]*	1 Name			
	4 NOVA LANE (A GORDA FL 33980		Ē	82 Street Address (P.O. Box Number is Not Acceptable)			
PUNI	A GONDA PL 33800		ļ.	13	, , , , , , , , , , , , , , , , , , , 	- 1, , , , , , , , , , , , , , , , , , ,	
			<u> </u>	4 City		85 Zip Code	
<u> </u>						PL	
11. Pursuant to office or no agent. La	to the provisions of Sections 60' egistered agent, or both, in the m familiar with, and accept the	7.0502 and 607.1508, Florid State of Florida. Such chan Obligations of, Section 607.	la Statutes, the abo ge was authorized 0505, Florida Statu	ove-named by the corp les.	corporation submits this statement for the oration's board of directors. I hereby ac-	e purpose of changing its registered cept the appointment as registered	
SIGNATURE	a A	Cfi				4/28/97	
	Signature, typed or printed name of register	***************************************		Agent signature	required when reinstating)	TOPE CONTROL IN TO	
12,	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition	
1:ILF		Ľ or				CT custings CT vocation	
NAME			1.2 NAM	lt I	Lisa Hines 24694 Nova Lane		
STREET ADORESS						3980	
CHTY - ST - 74P		DE			Funta Goraa PC 3	Change Addition	
TUTE		DE	a - ·	J	V 1 1 C 1 1 2		
NAME:			2.2 NAV	it	Edward Coughlin 24694 Nova Lane		
STHEET ADDRESS					24699 10002	200 40	
Cit+S'-ZiP		DE		Y-ST-ZIP	Punta Gorda FL	739 % O Change Addition	
THE		L.J DE				First containing First wonthout	
NAME 63 June 1 Aproposed			3.2 NAM	.			
STHEET ADDRESS				ET ADDRESS			
CPY-\$1-7P		DE		7-51-ZIP		Change Addition	
THUE		L] VE	•	~ i		Change Changing	
NAME			4.2 NA	1			
STREET ADDRESS				EET ADDRESS			
CiTY - ST - ZIP		DE		-ST-ZIP		Change Addition	
TITLE		□ ng	1				
NAME			52 NAN		,	es .	
STREET ADDRESS			- B	EET ADORESS		5/7/97	
City-St-ZiP				-ST-ZIP			
THILF		□ DE			7000021 -05/09/9701	Change Addition	
NAME			6.2 NAM		-05/09/9701	120028	
STREET ADDRESS			"	EET ADDRESS	***165.00	the territor of the territor	
PITY . \$1 . 7(0)			E 4 CITY	. CT. 7ID	かかかまひつ ひつ		

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 path; 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.

FILED

May 07 1997 8:00am

Secretary of State

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