

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P97000077695 (9)**  
 1. Corporation Name  
**WHITE TIGER KENPO STUDIOS, INC.**



Principal Place of Business <b>1809 US HWY 41 INVERNESS FL 34450</b>	Mailing Address <b>1809 US HWY 41 INVERNESS FL 34450</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/05/1997</b>	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number <b>59-3184811</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SCHENK, JON R 4090 E JESSIE LANE INVERNESS FL 34450				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	<b>FL</b>
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: <i>Jon Schenk</i>				DATE: <b>4/20/98</b>	

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED <input type="checkbox"/>	1.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	STREET ADDRESS		1.2 NAME		
STREET ADDRESS	CITY-ST-ZIP		1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	NAME	DELETED <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	STREET ADDRESS		2.2 NAME		
STREET ADDRESS	CITY-ST-ZIP		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	NAME	DELETED <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	STREET ADDRESS		3.2 NAME		
STREET ADDRESS	CITY-ST-ZIP		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	NAME	DELETED <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	STREET ADDRESS		4.2 NAME		
STREET ADDRESS	CITY-ST-ZIP		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	NAME	DELETED <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	STREET ADDRESS		5.2 NAME		
STREET ADDRESS	CITY-ST-ZIP		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	NAME	DELETED <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	STREET ADDRESS		6.2 NAME		
STREET ADDRESS	CITY-ST-ZIP		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>President</b> NAME: <b>Jon Schenk</b> STREET ADDRESS: <b>4090 E JESSIE LN</b> CITY-ST-ZIP: <b>Inverness FL 34453</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Jon Schenk* DATE: **4/21/98** **352 726 1181**

CR2E034 (10/97)