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

Mailing Address

CAPE CORAL FL 33904

4525 DEL PRADO BOULEVARD

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000086550

Principal Place of Business

CAPE CORAL FL 33904

SIGNATURE:

4525 DEL PRADO BOULEVARD

UNIVERSAL MARTIAL ARTS, INC.

2. Principal Place of Business		za. Malling Address		4. TEI NUMBER		ppiled 1 or		
21 2		26		65-0793963	, N	ot Applicable		
	ite, Apt. #, etc. Suite, Apt. #, etc.		· · ·		5. Certifcate of Status Desired		Additional	
22	27				3. Certificate of Status Desired 4.	Fee R	tequired	
	City & State City & State				6. Election Campaign Financing	\$5.00	May Be	
23 28					Trust Fund Contribution	Added	to Fees	
Zip	ip . Country Zip				8. This corporation owes the curre	nt year Intangible		
24 25 29 30			10		Personal Property Tax.	Yes	No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
81 Name								
ATTILA, REBECCA C								
4525 DEL PRADO BOULEVARD				82 Street Address (P.O. Box Number is Not Acceptable)				
CAPE CORAL FL 33904				83				
				· · · · · · · · · · · · · · · · · · ·				
			84	City		85 Zip	Code	
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1.1. 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								
office of registered agent, or both, in the State of Plotida. Such change was additionable of of Plotida.								
	•							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	`. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF			
TITLE	PSTD	☐ DELETE	1.1 TITLE		E PESES	Change	☐ Addition	
NAME	VON ZITTWITZ, DIETRICH H		1.2 NAME		•			
STREET ADDRESS	1640 ORCHID BOULEVARD #20	5	1.3 STREET	T ADDRESS	:	•		
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-S	T-ZIP		· _ ·		
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NAME			2.2 NAME					
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CITY-ST-ZIP	\$ 14 1 1 10 RF FY	DELETE	3.1 TITLE	31-417		☐ Change	Addition	
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NAME			5.2 NAME					
STREET ADORESS			5.3 STREE	T ADDRESS				
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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.

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90024 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/06/1997