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 # P98000007676

1. Corporation Name
OKINAWAN KARATE & KOBUDO CENTER, INC.

Principal Place of Business	Mailing Address
6075 PARK BOULEVARD PINELLAS PARK FL	6075 PARK BOULEVARD PINELLAS PARK FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 326 North Dixie Highway	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/23/1998	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0807584	☐ Applied For ☐ Not Applicable
City & State 23 Lake Worth, FL	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 33460 25 USA	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐	$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	10. Name and Address of New Registered Agent
SCHRIEFER, GEORGE J 6075 PARK BOULEVARD PINELLAS PARK FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VP/S/T	☐ Change ☒ Addition
NAME	SCHRIEFER, GEORGE J		1.2 NAME	Schriefer, George J.	
STREET ADDRESS	6075 PARK BOULEVARD		1.3 STREET ADDRESS	6075 Park Boulevard, Suite A	
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	D	☐ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	POTREKUS, RICHARD		2.2 NAME	Potrekus, Richard	
STREET ADDRESS	326 NORTH DIXIE HIGHWAY		2.3 STREET ADDRESS	326 North Dixie Highway	
CITY-ST-ZIP	LAKE WORTH FL 33460		2.4 CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

T.S. 3/17/99
02-21-1999 90043 041 *** 150.00

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: George J. Schriefer, VP 1/12/99 (727) 544-1429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)