FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (5)MANDARIN FAMILY KARATE CENTERS, INC. Principal Place of Business Mailing Address 11150-5 SAN JOSE BLVD 11150-5 SAN JOSE BLVD JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 3. Date Incorporated or Qualified 3a. Date of Last Report 08/12/1991 2. Principal Place of Business 05/01/1995 2a. Mailing Address FEI Number 21 Applied For 26 59-3135382 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zip Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, ERNEST H. Street Address (P.O. Box Number is Not Acceptable) 82 11150-5 SAN JOSE BLVD JACKSONVILLE FL 32223 83 84 City Zip Code 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registured agent and title if an pliceble (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE Change Addition NAME JOHNSON, ERNEST H. 1.2 NAME STREET ADDRESS CR2E034 11150-5 SAN JOSE BLVD 1.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 1.4 City - \$1 - ZiP TITLE [] DELETE 2 1 TITLE NAME Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CHY-S1-ZIP TITLE DELETE 3. 1 TITLE NAME Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE ["] DELETE 4. 1 THILE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 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 DITY- \$1-7IP TITLE DELETE 6 1 TITLE NAME Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or option or the properties of the corporation or the corporation or the properties of the corporation or the corporation or the properties of the corporation or the properties of the corporation or the corporation or the corporation or the properties of the corporation or the corporati 6.4 CiTy - S1 - ZiP

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