FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V33453** **(4)**

1. Corporation Name

WEST BROWARD KARATE, INC.

Principal Place of Business	Mailing Address
10073 CLEARY BLVD. PLANATION PROMENADE PLANTATION FL 33324	10073 CLEARY BLVD. PLANATION PROMENADE PLANTATION FL 33324

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **05/01/1992**

3a. Date of Last Report: **10/19/1995**

4. FEI Number: **65-0335264** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

KLEIN, MICHAEL L
4601 SHERIDAN STREET
#306
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVSD	☑ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	ABDUL, ALLEN		1.2 NAME	ARTHUR PRYOR	
STREET ADDRESS	10073 CLEARY BLVD.		1.3 STREET ADDRESS	10073 Cleary BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	T	☑ DELETE	2.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	ABDUL, ALLEN		2.2 NAME	PATRICIA PRYOR	
STREET ADDRESS	10073 CLEARY BLVD.		2.3 STREET ADDRESS	10073 Cleary BLVD.	
CITY-ST-ZIP	PLANTATION FL 33324		2.4 CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		☐ DELETE	3.1 TITLE	SECRETARY	☐ Change ☑ Addition
NAME			3.2 NAME	ANNA ABDUL	
STREET ADDRESS			3.3 STREET ADDRESS	10073 Cleary BLVD.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		☐ DELETE	4.1 TITLE	V.P.	☐ Change ☑ Addition
NAME			4.2 NAME	ALLEN ABDUL	
STREET ADDRESS			4.3 STREET ADDRESS	10073 Cleary BLVD.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PLANTATION FL 33324	
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		

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)(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: _____ ARTHUR PRYOR — 4/4/96 — 954-424-2605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)