

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 27 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V53041** (2)

1. Corporation Name
KARATE TOURS, INC.

Principal Place of Business Mailing Address
1201 SWANN AVENUE 1201 SWANN AVENUE
TAMPA FL 33606 TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/24/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0351637** 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

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

9. Name and Address of Current Registered Agent

MARTINEZ, DANIEL F., II
1201 SWANN AVENUE
TAMPA FL 33606

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PREVATT, JOHN P
STREET ADDRESS	1201 SWANN AVE
CITY - ST - ZIP	TAMPA FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, DIRECTOR	☒ Change ☐ Addition
1.2 NAME	JAMES M. WIRTH	
1.3 STREET ADDRESS	1201 SWANN AVE	
1.4 CITY - ST - ZIP	TAMPA FL 33606	
2.1 TITLE	VICE PRESIDENT/TREASURER	☐ Change ☒ Addition
2.2 NAME	SANDRA L. WIRTH	
2.3 STREET ADDRESS	1201 SWANN AVE	
2.4 CITY - ST - ZIP	TAMPA FL 33606	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information furnished 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 I am an officer or director of the corporation or supplemental annual report in true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the supplemental annual report and I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95 (813) **884-2611**

3/10/95 **FL 962 400 1**