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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

V62313 DOCUMENT #

1. Corporation Name

(4)

KIM'S KARATE OF ORLANDO INC.

KIM'S KARATE OF ORLANDO INC.							A					
Pri	Principal Place of Business Mailing Address											
1343 FL MALL AVENUE ORLANDO FL 32809 US 2. Principal Place of Business				1343 FL MALL AVE ORLANDO FL 32809 US				3. Date Incorporated or Qualified 3a. Date of Las 09/04/1992 07/19			9/1995	
			2a. Mailing Address			4. FEI Number 59-3140355			Applied For Not Applicable			
21	Suite, Apt. #, etc.	Suite	26				\$8.75 Additi 5. Certificate of Status Desired Fee Require					
22	City & State	City					Election Campaign Financing Trust Fund Contribution			.00 May Be Ided to Fees		
23	Zip	Country			F.—¬	Country		This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
24		25	[29]		30			10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent ROBINSON, KEITH						81	Name					
						82	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
1343 FL MALL AVENUE ORLANDO FL 32809				ļ	83							
							City		FL	85	Zip Code	
-	1. Pursuant to the provi	sions of Sections 607	0502 and 607.15	08, Florida Statute	es, the abo	ve-r corp	named corpor oration's boa	ation submits this statement for the pi rd of directors. I hereby accept the ap	urpose of char pointment as i	nging regist	its registered offici ered agent. I am	

rrursuant to the provisions of sections our cooperation of the state of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.

11. Pursuant to or registered familiar with	the provisions of Sections 607.0502 and 607.1506, Holida I agent, or both, in the State of Florida. Such change was a , and accept the obligations of, Section 607.0505, Florida S	iuthorized by the corporation's bo statutes.	pard of directors. I hereby accept the appointment as regions as
SIGNATURE	grature, typed or printed name of registived agent and title if applicable	(NOTE: Registered Agent signature requ	irod wher renstateg) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
St	grature, typed or pricted name of regeliged agent and time in a parameter. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
12.		TE 1. 1 TILLE	
TITLE	P PODINCON VEITH	1.2 NAME	
NAME	ROBINSON, KEITH	1.3 STREET ADDRESS	D Addition
STREET ADDRESS	1343 FL MALL AVENUE	1,4 CITY - \$1-ZIP	☐ Change ☐ Addition
CITY - S1 - ZIP	ORLANDO FL	ETE 2 1 TITLE	Change Addition
TITLE	U	2 2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2 4 CITY - ST - ZIP	T Addition
CITY-ST-ZIP	[] DFL		Criange Addition
TITLE	ري ب	3.2 NAME	
NAME		3.3. STREET ADDRESS	
STREET ADDRESS		3.4 CITY - S1 - ZIP	
CITY - \$1 - 7IP	☐ DEI		Change Addition
TITLE	[] 52.	4.2 NAME	
NAME	. •	4.3 STREET ADDRESS	
STREET ADDRESS		4 4 CHY-SI-ZIP	
CITY-ST-ZIP	DE		Change Addition
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		5 4 CITY - ST - ZIP 6 1 TITLE	Change Addition
TITLE		62 NAME	
NAME.		63 SIREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further specified and that my signature shall have the same legal effect as if made under

14. Ido hereby pertify 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 he 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 certify that he 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 certify that he 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 certify that he 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 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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes if further certified in Section 119.07(3)(k). Florida Statutes in annual report is 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: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-96 407-240-0708
Date Destruct Phone is