

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 25 AM 11:04

DOCUMENT # **N93000005175 (5)**

1. Corporation Name

**THE KOREAN COMMUNITY CONCERN, INC.**

Principal Place of Business

Mailing Address

6100 HOLLYWOOD BLVD  
SUITE 311  
HOLLYWOOD FL 33131

6100 HOLLYWOOD BLVD  
SUITE 311  
HOLLYWOOD FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/17/1993**

3a. Date of Last Report  
**09/06/1994**

4. FEI Number  
**65-0452063**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

**\$68.75** Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARK, FRIED E  
1001 S. BAYSHORE DR  
SUITE 2706  
MIAMI FL 33131**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT**  
NAME **CHO, JOHN D**  
STREET ADDRESS **8086 MIZNER LANE**  
CITY - ST - ZIP **BOCA RATON FL 33433**

TITLE **D**  
NAME **HO, JONG K**  
STREET ADDRESS **1045 NE 135 ST**  
CITY - ST - ZIP **NORTH MIAMI FL 33161**

TITLE **D**  
NAME **KIM, JUNG K**  
STREET ADDRESS **4857 SW 28 AVE**  
CITY - ST - ZIP **FT LAUDERDALE FL 33312**

TITLE **D**  
NAME **CHUN, SUNG S**  
STREET ADDRESS **8515 OHIO PLACE**  
CITY - ST - ZIP **BOCA RATON FL 33486**

TITLE **D**  
NAME **JI, YOUNG B**  
STREET ADDRESS **200 N STATE RD 7**  
CITY - ST - ZIP **HOLLYWOOD FL 33021**

TITLE **D**  
NAME **LEE, DAL M**  
STREET ADDRESS **201 NW 40TH ST**  
CITY - ST - ZIP **POMPANO BEACH FL 33064**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

**DIRECTOR**  
**Hwang, John**  Change  Addition  
**4601 Forest Hill Blvd.**  
**W. Palm Beach, FL 33415**

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 supplementary 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 617, 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 TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

**5-2-95 (407)**  
**289-7282**