


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90170 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000009108

1. Corporation Name
 WORLD CLASS TAE KWON DO, INC.



Principal Place of Business: 4001-A NOVA RD, PORT ORANGE FL 32127, US
 Mailing Address: 4790 SPRUCE CREEK ROAD, PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1996

4. FEI Number: 59-3356255

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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: PEREZ, BRUNO, 180 MOON STONE COURT, PORT ORANGE FL 32119

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: Dolores C. Kolner DATE: 4/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VICE PRESIDENT
NAME	PEREZ, BRUNO J	1.2 NAME	SHELLEY AVERAID
STREET ADDRESS	180 MOON STONE COURT	1.3 STREET ADDRESS	78 RAINS CT
CITY-ST-ZIP	PORT ORANGE FL 32119	1.4 CITY-ST-ZIP	PORCE INLET FL 32127
TITLE	V	2.1 TITLE	
NAME	KOLMEL, DAVID G	2.2 NAME	
STREET ADDRESS	4790 SPRUCE CREEK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME	<i>Shelley Avera</i>	3.2 NAME	
STREET ADDRESS	<i>78 Rains Court</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Porce Inlet FL 32127</i>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Dolores C. Kolner DATE: 4/30/99 DAYTIME PHONE: 904-423-3346

Shelley Avera

CR2E034 (1/98)