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

(8)

DOCUMENT #

1. Corporation Name

UNITED TAE KWON DO & HAP KI DO CENTER, INC.

Mailing Address



encipal Place of 8595 COLLEGE FT MYERS FL (US	PKWY, A-6	8595 COLLEGE PKWY. A FT MYERS FL 33919 US		11_	9a. Date of Last Report 05/01/1995
Principal Place of Business		2a, Mailing Address 26		4. FEI Number 65-0225773	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired [\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country 30	8. This corporation has liability for Inte	angible tax under si 199.032, No
	9. Name and Address of Curre	29	30	10. Name and Address of New Reg	istered Agent
	9, Name and Address of Curre	all Ledistelen Adell	81 Name A		UAK
12734 KE SUITE 89			82 Street Add 83	ress (P.O. Box Number is Not Acceptable) 75 College Pkw	y. A-6
	S, FL 33907		84 City Ft	. Myers reation submits this statement for the purpx and of directors, thereby accept the appoin	FL 85 Zep Code 73919
I 2. HTVF VAME	OFFICERS A GUAK, NOH GEUN 300 AVIATION PKWY	OT BOTT THE REPUBLICATION. ON DELETE DELETE	Fingistered Agent signature mapting 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	CUAK, President additions/changes to office	DATE ERS AND DIRECTORS IN 12 Change Addition
TREE1 ADDRESS OTY-ST-ZIP OTLE	CAPE CORAL FL	☐ DELETE	1.4 CITY-ST-7IP 2.1 TITLE		Change Addition
AME IREE1 ADORESS			2.2 NAME 2.3 STREET ADDRESS 2.4 C/TY - ST - ZIP		
TLE AME TREET ADDRESS		☐ DELETE	3 1 TITLE 3 2 NAME 3.3 STREET ADDRESS		Change Addition
TY-S1-7IP TLE		□) DELETE	3.4 CITY - ST - 217 4 1 TITLE 4.2 NAME		Change Addition
REET ADDRESS TY-ST-ZIP FLE		□ DELEJE	4.3 STREET ADDRESS 4.4 CHY-S1-ZIF 5.1 TILE		Change Addition
ame Treet address			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP		
HY-SI-7P HLF IAME		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Additio
TREET ADDRESS			6.4 CITY - ST - 7-P		

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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

ING OFFICER OR DIRECTOR

SIGNATURE: