

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S04837** (8)
1. Corporation Name
UNITED TAE KWON DO & HAP KI DO CENTER, INC.



Principal Place of Business 8595 COLLEGE PKWY. A-6 FT MYERS FL 33919 US	Mailing Address 8595 COLLEGE PKWY. A-6 FT MYERS FL 33919 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9250 College Pkwy Suite, Apt. #, etc. Suite #7 City & State Ft. Myers, FL Zip 33919 Country Lee		2a. Mailing Address 26 9250 College Pkwy Suite, Apt. #, etc. Suite #7 City & State Ft. Myers, FL Zip 33919 Country Lee		3. Date Incorporated or Qualified 10/09/1990	
22		27		4. FEI Number 65-0225773	
23		28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**GUAK, NOH GEUN
8595 COLLEGE PKWY A-6
SUITE 89
FT MYERS, FL 33907 33919**

10. Name and Address of New Registered Agent

81 Name	Guak, Noh Geun
82 Street Address (P.O. Box Number is Not Acceptable)	9250 College Pkwy #7
83	
84 City	Ft. Myers
85 Zip Code	FL 33919

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

4-6-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D.P.
NAME	GUAK, NOH GEUN	1.2 NAME	Guak, Noh Geun
STREET ADDRESS	300 AVIATION PKWY	1.3 STREET ADDRESS	300 Aviation Pkwy
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Guak, Noh Geun

4-6-98

941-433-2299

CR2E034 (10/97)