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Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000038366 (8)

1. Corporation Name

BLACK BELT TAE KWON DO, INC.

Principal Place of Business

PO BOX 1524
HOMOSASSA SPRINGS FL 34447-1524
US

Mailing Address

PO BOX 1524
HOMOSASSA SPRINGS FL 34447-1524
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1994

4. FEI Number

65-0036285

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 P.O. Box 1524

Suite, Apt. #, etc.

22 City & State

23 Homosassa Springs FL

24 Zip

25 Citrus

2a. Mailing Address

26 P.O. Box 1524

Suite, Apt. #, etc.

27 City & State

28 Homosassa Springs FL

29 Zip

30 Citrus

9. Name and Address of Current Registered Agent

HELFMAN, SUSAN R
5548 W. KINGS WAY CT.
HOMOSASSA FL 34446

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME P
STREET ADDRESS HELFMAN, JAY
CITY-ST-ZIP 5548 W. KINGSWAY CT.
HOMOSASSA FL 34446

1.2 NAME

1.3 STREET ADDRESS VP
1.4 CITY-ST-ZIP HELFMAN, SUSAN
5548 W. KINGSWAY CT.
HOMOSASSA FL 34446

2.1 TITLE

2.2 NAME S
2.3 STREET ADDRESS HELFMAN, KIMBERLY
2.4 CITY-ST-ZIP 5548 W. KINGSWAY CT.
HOMOSASSA FL 34446

3.1 TITLE

3.2 NAME T
3.3 STREET ADDRESS HELFMAN, ROBERTA
3.4 CITY-ST-ZIP 5548 W. KINGSWAY CT.
HOMOSASSA FL 34446

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME P
1.3 STREET ADDRESS HELFMAN JAY
1.4 CITY-ST-ZIP P.O. Box 1524
HOMOSASSA Springs FL 34447 MK

2.1 TITLE

2.2 NAME VP
2.3 STREET ADDRESS HELFMAN SUSAN
2.4 CITY-ST-ZIP P.O. Box 1524
HOMOSASSA Springs FL 34447 MK

3.1 TITLE

3.2 NAME S
3.3 STREET ADDRESS HELFMAN Kimberly
3.4 CITY-ST-ZIP P.O. Box 1524
HOMOSASSA Springs FL 34447 MK

4.1 TITLE

4.2 NAME T
4.3 STREET ADDRESS HELFMAN Roberta
4.4 CITY-ST-ZIP P.O. Box 1524
HOMOSASSA Springs FL 34447 MK

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
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: Susan Helfman Vice President 2/10/98 (352) 621-3894