Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90167 011 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 586897 DOCUMENT #

1. Corporation Name

TOONG	TAE KWON DO ACADEMY	, INC.						
Principal Place	e of Business	Mailing Address				I SEGUEL ALIGN LINES INCHES SECTION CONTRACTOR CONTRACT		
12815 W. DIXIE		12815 W. DIXIE HWY. NORTH MIAMITELT 331613	4007	_				
NORTH MIAMI	FL 33161-480/	NUMIN MIAMI PL 33161-	<del>-90</del> 07			DO NOT WRITE IN THI	S SPACE	_
						3. Date Incorporated or Qualifed		
						09/19/1978		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26				59-1899355	<b>#0.7</b>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		5 Additional Required
22		City & State				6 Floring Compaign Financing		00 May Be
City & State	e	28				6. Election Campaign Financing Trust Fund Contribution		do may be led to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year		
24	25	29	30	•		Personal Property Tax.	Yes	□No _
	9. Name and Address of Currer		11			10. Name and Address of New Registere	d Agent	
** * *				81 N	Name	<del></del>		
	YOUNG SOO			82 5	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	15 W. DIXIE HWY.					,	•	
N. M	MAMI, FL MH			83				
		•		84 (	City	······································	. 85	Zip Code
*					•	F	L	
11. Pursuant	to the provisions of Sections 607.050	)2 and 607.1508, Florida Stat of Florida, Such change was	tutes, the a authorize	above-na d by the	amed corpor e corporation	ration submits this statement for the purpose of submits the statement for the purpose of submits the	of changing ointment a	g its registered s registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stat	tutes.	- ++ • -	ration submits this statement for the purpose vis board of directors. I hereby accept the appr	-	
SIGNATURE						when reinstating) DATE		<del></del>
42	Signature, typed or printed name of registered age	ND DIRECTORS	13.		gnature required s	ADDITIONS/CHANGES TO OFFICERS /	AND DIRE	CTORS IN 12
12.	PD	DELETE	1.1 T			ADDITIONOLO IN INTELLEGICAL		
NAME	DO, YOUNG SOO			IIŁ			Chai	nge 🔲 Addition
STREET ADDRESS							∐ Chai	nge [_] Addition
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	12815 W. DIXIE HWY.		1.2 N 1.3 S	IAME TREET AD			∐ Chai	nge [] Addition
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	N. MIAMI FL D		1.2 N 1.3 S 1.4 C 2.1 T	IAME TREET AD ITY-ST-ZI				
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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:

CITY-ST-ZIP