

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **741407** (1)  
1. Corporation Name  
**THE KOREAN ASSOCIATION OF WEST FLORIDA, INC.**



Principal Place of Business

Mailing Address

**5201 S. WESTSHORE BLVD.  
TAMPA FL 33611**

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TAMPA FL 33611**

3. Date Incorporated or Qualified <b>01/20/1978</b>	3a. Date of Last Report <b>10/27/1995</b>
4. FEI Number <b>59-2151704</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>4013 W. Linebaugh Ave.</b> Suite, Apt. #, etc. 22 <b>SUITE 109</b> City & State 23 <b>TAMPA FLORIDA</b> Zip <b>33624</b> Country	2a. Mailing Address 26 <b>4013 W. Linebaugh Ave.</b> Suite, Apt. #, etc. 27 <b>SUITE 109</b> City & State 28 <b>TAMPA FLORIDA</b> Zip <b>33624</b> Country
24 <b>HILLSBOROUGH</b>	30 <b>HILLSBOROUGH</b>

9. Name and Address of Current Registered Agent

**SHIN, DAE YONG  
5201 S. WESTSHORE BLVD.  
TAMPA FL 33611**

10. Name and Address of New Registered Agent

81 Name <b>CHANG, IK-KOON</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4013 W. Linebaugh Ave.</b>
83 <b>SUITE 109</b>
84 City <b>TAMPA</b>
85 Zip Code <b>FL 33624</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **IK-KOON CHANG** DATE **FEB. 26, 1996**

Signature, typed or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>p/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHIN, DAE YONG</b>		1.2 NAME <b>CHANG, IK-KOON</b>	
STREET ADDRESS <b>8820 GLEN LAKES BLVD.</b>		1.3 STREET ADDRESS <b>15020 ROCKY LEDGE DRIVE</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33702</b>		1.4 CITY-ST-ZIP <b>TAMPA, FL 33625</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HUNG, YOUNG PYO</b>		2.2 NAME <b>CHOI, JAE PIL</b>	
STREET ADDRESS <b>3307 TIMBERWOOD RD.</b>		2.3 STREET ADDRESS <b>2817 RIVERPINES WAY</b>	
CITY-ST-ZIP <b>LAKELAND FL 33809</b>		2.4 CITY-ST-ZIP <b>SARASOTA, FL 34231</b>	
TITLE <b>CO</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YEO, SANG DONG</b>		3.2 NAME <b>KIM, JAE JOON</b>	
STREET ADDRESS <b>4747 WEST WATERS AVE., APT. 1502</b>		3.3 STREET ADDRESS <b>1806 GREEN LAWN STREET</b>	
CITY-ST-ZIP <b>TAMPA FL 33614</b>		3.4 CITY-ST-ZIP <b>BRANDON, FL 33511</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SPRINGSTEEN, KIMI J</b>		4.2 NAME <b>SHIN, JUNG KYU</b>	
STREET ADDRESS <b>4028 DELLBROOK DR.</b>		4.3 STREET ADDRESS <b>11400 4TH ST., N. APT. 814</b>	
CITY-ST-ZIP <b>TAMPA FL 33624</b>		4.4 CITY-ST-ZIP <b>ST. PETERSBURG, FL 33716</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHUNG, YON HWA</b>		5.2 NAME <b>SANG GYUN NO</b>	
STREET ADDRESS <b>7634 SPRINGWAY CIRCLE</b>		5.3 STREET ADDRESS <b>5613 PINEY LANE</b>	
CITY-ST-ZIP <b>VALRICO FL 33594</b>		5.4 CITY-ST-ZIP <b>TAMPA, FL 33624</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>600001798258</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEE, HU KUN</b>		6.2 NAME <b>-04/29/96--01035--019</b>	
STREET ADDRESS <b>4934 PENNSBURY DR.</b>		6.3 STREET ADDRESS <b>***61.25</b>	
CITY-ST-ZIP <b>TAMPA FL 33624</b>		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **IK-KOON CHANG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-96** (813) 265-4835  
Date Daytime Phone #

CR2E037 (12/95)