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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G44089

(2)

AMERICAN TAEKWONDO FEDERATION, INC.

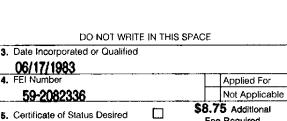
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Žip Zip Country 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KIM, MASTER Y.K. 1630 EAST COLONIAL DR. R2 Street Address (P.O. Box Number is Not Acceptable)

ORLANDO FL 32803

83

84 City

FILED
Apr 30 1998 8:00am
Secretary of State



81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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, typod or profind name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change __ Addition PST TITLE 1.1 TITLE NAME KIM. MASTER Y. K. 1.2 NAME Kim, Master Y. K. 1630 E.COLONIAL DR. 1630 E. Colonial Dr. STREET ADDRESS 1.3 STREET ADDRESS **O**RLANDO FL Orlando, FL 32803 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition 21 101 F TITLE KIM. SONJA 2.2 NAME McCarthy, Master Tim 1630 E COLONIAL DR STREET ADDRESS 2 3 STREET ADDRESS 1630 E.Colonial Dr. **Ö**RLANDO FL CITY-ST-ZIP 2 4 CITY-ST-ZIP Orlando, FL 32803 DELETE Change MoitibbA TITLE 3.1 TITLE 3.2 NAME NAME Winkle, Instructor Keith 3 3 STREET ADDRESS STREET ADDRESS 10825 Midlothian Tpk #105 3 4. CITY - ST - ZIP CITY-ST-ZIP Richmond, VA 23236 DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE: NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP □ DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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 castee 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.

CRZE034