

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L37413** (6)

1. Corporation Name

POFF TAEKWONDO KARATE SCHOOL, INC.

Principal Place of Business

% TERRI POFF
1468 COLLEGE PARKWAY
GULF BREEZE FL 32561

Mailing Address

% TERRI POFF
1468 COLLEGE PARKWAY
GULF BREEZE FL 32561



2. Principal Place of Business

21 800 Shoreline Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 1468 College Pkwy
Suite, Apt. #, etc.

22 City & State

23 Gulf Breeze
Zip

27 City & State

28 FL
Zip

24 32561
Country

25 USA
Country

29 32561
Country

30 USA
Country

3. Date Incorporated or Qualified

01/01/1990

3a. Date of Last Report

04/19/1995

4. FEI Number

59-2464640

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POFF, TERRI
1468 COLLEGE PKWY
GULF BREEZE FL 32561

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

TERRI POFF
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
POFF, WILLIAM
STREET ADDRESS
1468 COLLEGE PKWY
CITY - ST - ZIP
GULF BREEZE FL

TITLE ☐ DELETE

NAME
D
POFF, TERRI
STREET ADDRESS
1468 COLLEGE PKWY
CITY - ST - ZIP
GULF BREEZE FL

TITLE ☐ DELETE

NAME
D
POFF, PATRICK
STREET ADDRESS
1468 COLLEGE PKWY
CITY - ST - ZIP
GULF BREEZE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Use

Daytime Phone

CR2E034 (12/95)