

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

FILED

Jan 16 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **L37413** (6)

1. Corporation Name
POFF TAEKWONDO KARATE SCHOOL, INC.



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| Principal Place of Business 800 SHORELINE DR GULF BREEZE FL 32561 US | Mailing Address 1468 COLLEGE PKWY GULF BREEZE FL 32561-2752 US |
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| 3. Date Incorporated or Qualified 01/01/1990 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-2464640 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 2. Principal Place of Business 21 800 Shoreline Dr. 22 Gulf Breeze, FL 23 32561 24 USA | 2a. Mailing Address 26 1468 College Pkwy. 27 Gulf Breeze, FL 28 32561 29 USA |
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| 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 |
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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 M POFF* *TERRI M POFF* DATE **1/9/97**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME POFF, WILLIAM | | 1.2 NAME | |
| STREET ADDRESS 1468 COLLEGE PKWY | | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP GULF BREEZE FL | | 1.4 CITY- ST- ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME POFF, TERRI | | 2.2 NAME | |
| STREET ADDRESS 1468 COLLEGE PKWY | | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP GULF BREEZE FL | | 2.4 CITY- ST- ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME POFF, PATRICK | | 3.2 NAME | |
| STREET ADDRESS 1468 COLLEGE PKWY | | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP GULF BREEZE FL | | 3.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 4.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 6.4 CITY- ST- ZIP | |

14. I do 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: *TERRI M POFF* **1/9/97 (904)932-3965**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)