SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L76894 (9)

1. Corporation Name

TAMPA TAE KWON DO, INC.

Principal Place of Business

% MARGOT D. R. KNIGHT
3808 W. NEPTUNE ST.
TAMPA FL 33629

Mailing Address

% MARGOT D. R. KNIGHT
3808 W. NEPTUNE ST.
TAMPA FL 33629

3. Date Incorporated or Qualified: 05/31/1990
3a. Date of Last Report: 06/26/1995
4. FEI Number: 59-3023972 — 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

2. Principal Place of Business
21 % Att Garry W. Dyals
Suite, Apt. #, etc.
22 1094 Montgomery Rd.
City & State
23 Altamonte Springs, Fl
Zip
24 32714
Country
25 Seminole

2a. Mailing Address
26 % Garry W. Dyals
Suite, Apt. #, etc.
27 1094 Montgomery Rd.
City & State
28 Altamonte Springs, Fl.
Zip
29 32714
Country
30 Seminole

9. Name and Address of Current Registered Agent

KNIGHT, MARGOT D. R.
3808 W. NEPTUNE ST.
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name: Garry W. Dyals
82 Street Address (P.O. Box Number is Not Acceptable): 1094 Montgomery Rd.
83
84 City: Altamonte Springs FL
85 Zip Code: 32714

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: Garry W. Dyals — DATE: 7-31-96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KNIGHT, MARGOT D.	
STREET ADDRESS	3808 W. NEPTUNE ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	DYALS, GARRY W.	
STREET ADDRESS	3808 W. NEPTUNE ST	
CITY-ST-ZIP	TAMPA 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	Dyals, Margot D.	
1.3 STREET ADDRESS	1094 Montgomery Rd.	
1.4 CITY-ST-ZIP	Altamonte Springs, Fl. 32714	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	Dyals, Garry W.	
2.3 STREET ADDRESS	1094 Montgomery Rd.	
2.4 CITY-ST-ZIP	Altamonte, Springs, Fl. 32714	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
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		

CR2E034 (3/96)

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: Garry W. Dyals — 7-31-96 — (407) 774-7785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #