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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation		\)					
RIDE	ENER'S SCHOOL OF TAEK	WONDO, INC.			(1841AQ) (B) (B)((B)(B) (A)(A)	844 8 44 8 184	41811 918 11 4 1	
Principal Place	e of Business	Mailing Address						
C/O P.O. BOX 23 KILLARNEY FL 34740 US		C/O P.O. BOX 23 KILLARNEY FL 3474 US	10					
		03			3. Date Incorporated or Qualified	i	te of Last F	
2. Principal P	lace of Business	2a. Mailing Address		06/06/1988 4. FET Number		03/07/1		
21		26		59-2887578	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75	5 Additional Required	
City & State		City & State	City & State		6. Flection Campaign Financing			May Be
Zip	Country	Zip	Country		Trust Fund Contribution 8. This corporation has liability for			d to Fees
24	9 Name and Address of Comme	29	30		Florida Statutes 🔲 Yes	□ No		199.032,
	9. Name and Address of Curre	ent Registered Agent	81 1	loose .	10. Name and Address of New F	Registered	Agent	
RIDEN	er, denise			lame				
	MANDARIN CIRCLE		82 5	treet Addre	ess (P.O. Box Number is Not Acceptat	ole)		
WINTER GARDEN FL 34787			83			·		-
			84 (Sitv			-7:	
11. Pursuant t	to the provisions of Sections 607.050	2 and C27 1500 Et : C1				FL	.	p Code
or register	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authoriz	es, the above han ed by the corpora	ied corpora tion's board	tion submits this statement for the pur d of directors. I hereby accept the app	pose of cha	anging its r	egistered office
SIGNATURE	with the description designations of Sec		5.		, , , , , , , , , , , , , , , , , , , ,		- Egioto Dei	ugo n. rum
	Signature, types or printed name of registered ager		DIE Bogisterod Agent sig	nature required	when renstating	DAIL		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
NAME	PD DELETE RIDENER, DENISE G.		1. 1 TiTLE			<u>_</u>	Change	☐ Addition
STREET ADDRESS	17539 MANDARIN CR.		1.2 NAME	nrue				
CITY-SI-ZIP	WINTER GARDEND FL		1.3 STREET ADD 1.4 City - St - 70					
THEF		DELETE	2 1 THILE				Change	☐ Addition
NAME			2.2 NAME			-	J 9.	
STREET ADDRESS CITY-ST ZIP			2.3 STRELT ADD	·				
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3 1 THEE	·				
NAME			3 2 NAME			L] Change	☐ Addition
STREET ADDRESS			3.3 SIREFT ADD	RESS				
CITY-ST-ZIP			34 CHY ST-ZF					
NAME		DELETE	4 1 11116				Change	Addition
STREET ADDRESS			4.2 NAME					
CITY - S1 - ZIP			4.3 STREET ADDR					
TITLE		DELETE	5 1 117LF				1 Charas	
NAME			5.2 NAME			L.] Charige	Addition
STREET AUDRESS			5 3 STREET ADOR	ESS				
CITY-ST-7IP TITLE		The st	5.4 CHY+S1-ZIP					
NAMÉ		☐ DELF1E	6 THTLF] Change	Addition
STHEET ADDRESS			6.2 NAME 6.3 STREET ADDR					
C-IY-SI-Z-P			6.4 CHY+ST ZIP	100				
14. I do hereby	certify that the information supplied v	detailed a financial and a second		المستراجات				ļ

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 appears in Block 12 or Block 13 if changed, or open attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 March 1996 407-877-7691