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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001850

1. Corporation Name
Florida Taekwondo Association, Inc.
STATE

Principal Place of Business Mailing Address

1018 West S.R. 434 #250
Longwood, FL 32750

3. Date Incorporated or Qualified 2-22-93	3a. Date of Last Report
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2. Principal Place of Business	2b. Mailing Address	4. FEI Number 65-0473094	Applied For
21	26		Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
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Byung-Ho Choi 6015 S.W. 40th St. MIAMI, FL 33155	81 Name	Joo Yul Oh
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	1018 W. S.R. 434 suite 250
	84 City	Longwood FL
	85 Zip Code	32750

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  **5-1-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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1.1 TITLE <input checked="" type="checkbox"/> DELETE NAME Byung-Ho Choi STREET ADDRESS 6015 S.W. 40th St CITY-ST-ZIP MIAMI, FL 33155	1.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Joo Yul Oh 1.2 NAME 1.3 STREET ADDRESS 1018 W. SR 434 #250 1.4 CITY-ST-ZIP Longwood, FL 32750
2.1 TITLE <input checked="" type="checkbox"/> DELETE NAME Ki-Jung Lee STREET ADDRESS 76 S.W. SR 434 D&E CITY-ST-ZIP Longwood, FL 32750	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Jae Young Ro 2.2 NAME 2.3 STREET ADDRESS 12175R, 6th St. 2.4 CITY-ST-ZIP Winter Haven, FL 33880
3.1 TITLE <input checked="" type="checkbox"/> DELETE NAME WARREN CAULLETT STREET ADDRESS 1101 ROYAL PALM Bch. Bulv. CITY-ST-ZIP ROYAL PALM Bch, FL 33411	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Aguires L. SOGA 3.2 NAME 3.3 STREET ADDRESS 3820 S. ORLANDO DR 3.4 CITY-ST-ZIP Sanford, FL 32773
4.1 TITLE <input type="checkbox"/> DELETE NAME IL Young Choi STREET ADDRESS 6015 SW 40th St. CITY-ST-ZIP MIAMI, FL 33155	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Thomas J Major Jr 4.2 NAME 4.3 STREET ADDRESS 1880 Jefferson St 4.4 CITY-ST-ZIP Longwood, FL 32750
5.1 TITLE <input type="checkbox"/> DELETE NAME RAY RODRIGUEZ STREET ADDRESS 81 Cuernas PKY CITY-ST-ZIP MIAMI Spgs FL 33166	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Thomas J Major Jr** **5-1-97** **578-7812**

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

CR2E037 (9/96)