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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90099 021 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000004834					
1. Corporation Name COKER TAE KWON DO, INCORPORATED					
Principal Place of Business 633 GONZALES AVE JACKSONVILLE BEACH FL 32250 US			Mailing Address 633 GONZALES AVE JACKSONVILLE BEACH FL 32250 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/29/1994	
				4. FEI Number 59-3291782	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CORREIA, HEATHER 633 GONZALES AVE JACKSONVILLE BEACH FL 32250				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 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 Heather C. Correia **HEATHER C. CORREIA** 1/30/99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME PTD				1.2 NAME			
STREET ADDRESS CORREIA, HEATHER				1.3 STREET ADDRESS			
CITY-ST-ZIP 633 GONZALES AVE				1.4 CITY-ST-ZIP			
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> DELETE				2.2 NAME			
NAME VSD				2.3 STREET ADDRESS			
STREET ADDRESS PRIEST, KIMBERLY				2.4 CITY-ST-ZIP			
CITY-ST-ZIP 633 GONZALES AVE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250				3.2 NAME			
TITLE <input type="checkbox"/> DELETE				3.3 STREET ADDRESS			
NAME TR				3.4 CITY-ST-ZIP			
STREET ADDRESS DEGALICIA, JAY H.				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP 1732 HAMLET LANE N				4.2 NAME			
CITY-ST-ZIP NEPTUNE BEACH FL 32266				4.3 STREET ADDRESS			
TITLE <input checked="" type="checkbox"/> DELETE				4.4 CITY-ST-ZIP			
NAME VD				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS DEGALICIA, JAY H				5.2 NAME			
CITY-ST-ZIP 1732 HAMLET LN. N.				5.3 STREET ADDRESS			
CITY-ST-ZIP NEPTUNE BEACH FL 32266				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 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, with all other like empowered.

SIGNATURE: K. S. Priest **KIMBERLY PRIEST** 1/30/99 904-241-2395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)