

FILE NQW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003361 (1)

1. Corporation Name

LEE'S TAE KWON DO CHARITY, INCORPORATED

Principal Place of Business

**779 NORTH LAKE BOULEVARD
NORTH PALM BEACH FL 33480**

Mailing Address

**779 NORTH LAKE BOULEVARD
NORTH PALM BEACH FL 33480**

FILED

96 SEP -6 AM 9: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1995		3a. Date of Last Report	
21		26		4. FEI Number DC 65-0602727		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

**YOUNG LEE, CHU
779 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name **Chu Young LEE**
82 Street Address (P.O. Box Number is Not Acceptable)
8568 DOVER BROOK DR.
83 **PALM BEACH GARDENS**
84 City **FL** 85 Zip Code **33410**

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, 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 *[Signature]* Registered Agent **4/5/96**
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chu Young LEE <input type="checkbox"/> DELETE	1.1 TITLE T PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	8568 DOVER BROOK DR.	1.2 NAME Chu Young LEE	
STREET ADDRESS	PALM BEACH GARDENS, 33408	1.3 STREET ADDRESS 8568 DOVER BROOK DR.	
CITY-ST-ZIP	FL	1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE T VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		2.2 NAME GREGORY SCARROTTO	
STREET ADDRESS		2.3 STREET ADDRESS 4000 CHOCOLATE BLVD #3701	
CITY-ST-ZIP		2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE T SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		3.2 NAME RHONDA ROARKE	
STREET ADDRESS		3.3 STREET ADDRESS 417 DRIFTWOOD RD	
CITY-ST-ZIP		3.4 CITY-ST-ZIP N. PALM BEACH, FL 33408	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

Date 407-881-7070

CR2E037 (12/95)