1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9600006339

THE INCORPORATED KOREAN-AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business 1919 S.O.B.T. ORLANDO FL 32805

Mailing Address 1919 S.O.B.T ORLANDO FL 32805

FILED Mar 01, 1999 8:00 am secretary of State

03-01-1999 90145 033 ****61.25



2.	Principal Place of Business 2a. Mailing Address								3. Date Incorporated or Qualifed 12/12/1996					
21	650	550 Clay Street 26 650 Clay Stree					<u>t</u>			····	Appl	ied For		
	Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #, etc. Winter Park, FL 27 Winter Parl						1	4. FEI Number 59-3413886	-		Applicable		
22	Winte						.4	=	39.34.13000	¢0				
	City & State			City & State			USA		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
23	32789	USA	20	789			SA				\$5.00 May Be			
Г	Zip	Country	Zip		_	untry			6. Election Campaign Financing	•	ded to			
24		25	29		30				Trust Fund Contribution		ided to	1965		
	Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
Г								Kwang C. Kwak						
SO, CHONG H							82 Street Address (P.O. Box Number is Not Acceptable)							
	1919 S.O.B.T.													
ORLANDO FL 32805							650 Clay Street							
ONDANDO I E SESSO						85					Zip Co 3 2	ode		
						1	W	√int	ter Park					
1	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													
Ι.	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.													
l														
s	IGNATURE_	Signature, typed or printed name duegistered agent a	and title if applicable	(NOT	E: Registere	d Agent	t signature re	quired w	hen reinstating) DAT					
12		OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICERS					
-		P		DELETE	1.1 1	TTLE		DP	-	다	nange	Addition		
		SO, CHONG H			1.2 1	AME		Kwa	ang C. Kwak	•				
[ADDRESS		Clay Street	- :				
ST	REET ADDRESS	1919 S.O.B.T				CITY-ST	- 1		nter Park, FL 3278	39		٠,		
-	TY-ST-ZIP	ORLANDO FL.		DELETE	_	TITLE	-25	DVI		a	nange	Addition		
	n.e.	D			- 1	NAME			S. Park			:		
N	WE	YANG, WOO J					ADORESS		09 Harbor Height Ci	ir'-				
S	REET ADDRESS	1665 GRANGE CIRCLE							lando, FL 32835	L +				
CI	TY-ST-ZIP	LONGWOOD FL 32750		E DELETE		CITY-S	1-219		Lando, FL 32633		hange	X Addition		
TI	TLE	D		DELETE		TITLE	j	DS		. —				
N	ME .	PARK, MYUNG H				NAME		Į¥¥}	ing B. Kim 12 Lake Margaret Dr	.#519	9	ļ		
S	REET ADDRESS	40 W. LAURAL ST							lando, FL 32812					
C	TY-ST-ZIP	APOPKA FL 32703		<u> </u>		CITY-S	T-2IP	D	Lando, III 32012	. 🗆 🛭	hange	Addition		
TI	TLE	D		DELETE		TITLE]	_	no Park	·,				
N.	AME	KIM, CHUN S				NAME								
S	REET ADDRESS	115 SPANISH OAK LN			4.3	STREET	FADDRESS		016 Sylvan Pond Cir	•				
C	TY-ST-ZIP	APOPKA FL 32703			_	CITY-S	T-ZIP		lando, FL 32825		hange	€ Addition		
-	TLE			⊠ DELETE		TITLE		ĀΡ			เเฉเเลีย	K AUGINOTI		
N.	AME					NAME		132	e-Kyeong Baek 37 SE Fort King St					
S	TREET ADDRESS,						TADDRESS		ala, FL 34471	1				
	TY-ST-ZIP					CITY-S	T-21P	00,	ara, ru 577/1	· · · · · · · · · · · · · · · · · · ·	· · · · ·	Mada:		
_	TLE			DELETE	6.1	TITLE]			į⊔C	hange	Addition		
	AME				6.2	NAME								
('-	TREET ADDRESS				6.3	STREET	TADDRESS				-			

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 of on an attachment with an adjaces, with all other like empowered.

SIGNATURE:

407-599-0770