FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200005381 (8)

C.L. TAE KWON DO, INC.

FILED Feb 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					F IDDA(IDDL AND IBLID IABA OD)II SOIII ABAIL DANA	i 80191 81169 14191 14	IOI (101 1501
747 E 9TH ST 747 E 9TH ST HIALEAH FL 33010 HIALEAH FL 33010					DO NOT WRITE IN TH	IIS SPACE	
					3. Date incorporated or Qualified		
					11/17/1992		
F		2a. Mailing Address	······································		4. FEI Number	Applied For	
		26			65-0370476	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State	- 1 - 1		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	
Zip	Country	Ζφι	\vdash	У	8. This corporation owes or has paid the		angible
24	25 Name and Address of	29 Current Registered Agent	[30]		Personal Property Tax due June 30. 10. Name and Address of New Register		
		Outrotte Hogerton Du Agent	8	Name	IV. Harris and Address of Hor Hogiston	ou regent	
LOPEZ, ABEL							
747 E 9TH ST. HIALEAH FL 33010			8	Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
,	CONTIC OUT		8:	3			
			8.	4 City		85 Zip (Code
11. Pursuant	to the provisions of Sections 6	07 0502 and 607.1508, Florida State	ites, the abo	l ve-named co	progration submits this statement for the purpos	e of changing It	s 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 607 0505, Florida Statutes.							
SIGNATURE		to and according to take of social stake. (NE	N. Honistored A	nent signeture rec	guired when reinstating) DAT	re	
12.			13.	Beut alfauture ied	ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE	P	DELETE	1.1 TITLE			Change	Addition
NAME	LOPEZ, CARMEN		1.2 NAM				l'
STREET ADDRESS	747 E. 9TH ST			ET ADORESS			
CITY-ST-ZIP	HIALEAH FL 33010		1.4 CITY	·ST-ZIP			
TITLE	<u> </u>	DELETE	2.1 TITLE			☐ Change	Addition
NAME	LOPEZ, ABEL 222		2.2 NAMI	:	· · ·		i
STREET ADDRESS	747 E 9TH ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	A STATE OF THE SAME OF THE SAM		2. 4 CITY	-ST-ZIP			ļ
TITLE			3.1 TITLE			Change	Addition
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STREET ADDRESS			3.3 STAE	ET ADDRESS			
CITY-ST-ZIP	and the same and an array		3.4. CITY	- ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	E			İ
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP				·\$T · ZIP			
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME	5.2		5.2 NAM				
STREET ADDRESS			5.3 STAE	ET ADDRESS			
CITY-ST-ZIP		<u> </u>	5.4 CITY	ST-ZIP		·	
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME	6.2		6.2 NAM				
STREET ADDRESS			6.3 STAE	ET ADDRESS			
CITY-ST-ZIP	/		6.4 CITY	ST-ZIP			
14. Thereby o	certify that the information sup-	plied with this filing does not qualify	for the exem	ption stated	in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the	information

emild arrival report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in