

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000006586 (0)
1. Corporation Name
FERKILE'S TAE KWON DO, INC.



Principal Place of Business 1715 N WESTSHORE BLVD SUITE 750 TAMPA FL 00607	Mailing Address 1715 N WESTSHORE BLVD SUITE 750 TAMPA FL 00607
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3. Date Incorporated or Qualified 01/27/1993	3a. Date of Last Report 04/06/1995
4. FEI Number 59-3155592	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1888 77TH AVE N. Suite, Apt. #, etc	2a. Mailing Address 26 1888 77TH AVE N Suite, Apt. #, etc
22 City & State ST. PETE., FL	27 City & State St. Pete., FL.
23 Zip 33702	28 Zip 33702
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**C TERESA DE ARRIGOITIA
1715 N WESTSHORE BLVD 750
TAMPA FL 00607**

10. Name and Address of New Registered Agent

81 Name WILLIAM J. FERKILE
82 Street Address (P.O. Box Number is Not Acceptable) 1888 77TH AVE NORTH
83
84 City ST. PETERSBURG, FL
85 Zip Code 33702

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: **WILLIAM J. FERKILE** *William J. FerKile* **6-11-96**
Signature, by the principal officer or director, agent, or title, if applicable. (Do not use registered agent signature, if used when registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	11 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERKILE, WILLIAM J		12 NAME FERKILE, WILLIAM	
STREET ADDRESS 11400 4 ST N #1008		13 STREET ADDRESS 1888 77TH AVE NORTH	
CITY-ST-ZIP ST PETERSBURG FL 33716		14 CITY-ST-ZIP ST. PETERSBURG, FL. 33702	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: **WILLIAM J. FERKILE** *William J. FerKile* **6-10-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (3/96)

813-579-6288