

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

**FILED**

**Mar 27 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1888 77TH AVE N SUITE 750 ST PETE FL 33702 US</b>	Mailing Address <b>1888 77TH AVE N SUITE 750 ST PETE FL 33702-4842 US</b>
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3. Date Incorporated or Qualified <b>01/27/1993</b>	3a. Date of Last Report <b>06/19/1996</b>
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2. Principal Place of Business 21 <b>1888 77TH AVE N</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1888 77TH AVE N</b> Suite, Apt. #, etc.
22 City & State 23 <b>ST. PETE, FL</b>	27 City & State 28 <b>ST. PETE, FL</b>
24 Zip <b>33702</b> 25 Country <b>US</b>	29 Zip <b>33702-4842</b> 30 Country <b>US</b>

4. FEI Number <b>59-3155592</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FERKILE, WILLIAM J  
1888 77TH AVE NORTH  
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FERKILE, WILLIAM</b>	
STREET ADDRESS	<b>1888 77TH AVE NORTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D CHRISTINE ENDICOTT</b>
2.3 STREET ADDRESS	<b>1888 77TH AVE N</b>
2.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33702</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D ANDREA FERKILE</b>
3.3 STREET ADDRESS	<b>1888 77TH AVE N.</b>
3.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33702</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 607, 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. Ferkil* **3-20-97** **913-528-2085**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)