FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address

CHARLATHA

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 16 1997 8:00am

Secretary of State

DOCUMENT # P93000014745 (2)

VONSCHMELING TAEKWONDO FAMILY CENTER, INC.

Principal Place of Business Mailing Address 2175 ALOMA AVENUE 2175 ALOMA AVENUE WINTER PARK FL 32792 WINTER PARK FL 32782-3325 3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3171543 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Ftorida Statutes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VONSCHMELING, SERGIO 2175 ALOMA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32792 83 84 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETE 1.1 TITLE TITLE VON SCHMELING, SERGIO 12 NAME NAME 1531 LASBURY AVE STREET ADDRESS 13 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE Change Addition TITLE 2.1 10118 NAME 2,3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 2,4 CITY-ST-ZIP DELETE Change Addition 3.1 11TLF TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4,1 Till E TITLE 4 2 NAME NAME STREET ADDRESS 4,3 \$1REE1 ADDRESS CITY-ST-ZIP 4,4 CHY- \$1-ZIP Change Addition DELETE 5.1 TITLE TITLE 5,2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE ☐ Change Addition 61 111LF TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- 7IP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Scotlon 119.07(3)(i). Florida Statut s. 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 logic 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 try chapter (60). I write statutes; and that my name