

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
REINSTATEMENT	
DOCUMENT # P93000017584 (2)	
1. Corporation Name D. K. PARK TAE KWON DO, INC.	

Principal Place of Business 7011 5TH AVE N ST PETERSBURG FL 33710	Mailing Address 7011 5TH AVE N ST PETERSBURG FL 33710
2. Principal Place of Business 21 5618 58 ST. N. Suite, Apt. #, etc. 22	2a. Mailing Address 26 5618 58 ST. N. Suite, Apt. #, etc. 27
23 City & State St. Petersburg, FL Zip 33709	28 City & State St. Petersburg, FL Zip 33709
24 33709 25 Pinellas	29 33709 30 Pinellas
9. Name and Address of Current Registered Agent MELLINI, SUSAN E HARRIS, BARRETT, MANN & DIEW 1715 N WESTSHORE BLVD SUITE 750 TAMPA FL 33607	

3. Date Incorporated or Qualified 03/04/1983	3a. Date of Last Report 08/15/1995
4. FEI Number 59-3174350	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	
01 Name Russell E. Artille	
02 Street Address (P.O. Box Number is Not Acceptable)	
03 150 2nd Avenue North, 15th Floor	
04 City St. Petersburg	05 Zip Code FL 33701

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 *Russell E. Artille*

Signature, typed or printed name of registered agent and title if applicable.

DATE 11-20-96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNING, ANTHONY C 3881 19 AVE N ST PETERSBURG FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VICE PRESIDENT Greg Beaton 5618 58 ST. N. Kenneth City, FL 33709 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, NANCY M 6190 28TH AVE N ST PETERSBURG FL 33710	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, JOHNNIE M 6190 28TH AVE N ST PETE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	500002014685-3 -11/26/96-014 PPF-014 ****375.00 ****375.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nancy M. Clark* JIN Nancy M. Clark 10/18/96
DAYS/PHONE # 813-541-5006
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED
AND
FILED

96 NOV 22 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (3/98)