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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027783 (7)

1. Corporation Name

THE WORLD TAE KWON DO SOCIETY, INC.

Principal Place of Business

8595 COLLEGE PARKWAY
SUITE A6, COLLEGE PLAZA
FT MYERS FL 33919

Mailing Address

8595 COLLEGE PARKWAY
SUITE A6, COLLEGE PLAZA
FT MYERS FL 33919-5170

3. Date Incorporated or Qualified
04/12/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0494000

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GUAK, NOH GEUN
8595 COLLEGE PARKWAY
A6
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME GUAK, N G
STREET ADDRESS 8595 COLLEGE PARKWAY, SUITE A6
CITY-ST-ZIP FT MYERS FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DST
1.2 NAME GUAK, N.G.
1.3 STREET ADDRESS 8595 COLLEGE PARKWAY, SUITE A6
1.4 CITY-ST-ZIP FORT MYERS, FL. 33919

2.1 TITLE PD
2.2 NAME JIN Y. CHUNG
2.3 STREET ADDRESS 2525 NORTH DIME HWY
2.4 CITY-ST-ZIP LAKE WORTH, FL. 33460

3.1 TITLE D
3.2 NAME YUNG HO JUN
3.3 STREET ADDRESS 1303 E. BUSCH BLVD
3.4 CITY-ST-ZIP TAMPA, FL. 33612

4.1 TITLE D
4.2 NAME JUN HYUN KIM
4.3 STREET ADDRESS 2670 N. UNIVERSITY DR. #203
4.4 CITY-ST-ZIP SUNRISE, FL. 33322

5.1 TITLE D
5.2 NAME HYUN PARK
5.3 STREET ADDRESS 924 W. S.R. 436 SUITE 1150
5.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32714

6.1 TITLE
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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOH GEUN GUAK 4-11-97 941-438-2299

Date Daytime Phone

CR2E034 (9/96)