

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90057 044 \*\*\*150.00

DOCUMENT # P94000027783

1. Corporation Name

THE WORLD KO AM MARTIAL ARTS FEDERATION, INC.

Principal Place of Business

9250 COLLEGE PKWY

7  
FT MYERS FL 33919

US

Mailing Address

9250 COLLEGE PKWY

7  
FT MYERS FL 33919

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1994

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GUAK, NOH GEUN  
9250 COLLEGE PKWY 7  
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name GUAK, NOH GEUN  
82 Street Address (P.O. Box Number is Not Acceptable)  
9250 College Pkwy #7  
83  
84 City Ft. Myers FL 85 Zip Code 33919

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

4-8-99

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	GUAK, N G	
STREET ADDRESS	9250 COLLEGE PKWY #7	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HO JUN, YUNG	
STREET ADDRESS	1303 E BUSCH BLVD	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIM, JUN HYUN	
STREET ADDRESS	10024 W OAKLAND PK BLVD	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHUNG, JIN Y	
STREET ADDRESS	2525 NORTH DIXIE HWY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JUN, YUNG HO
2.3 STREET ADDRESS	1303 E Busch Blvd
2.4 CITY-ST-ZIP	Tampa, FL - 33612
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99

Date

941-433-2299

Daytime Phone #

CR2F034 (11/98)

0444554