

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

FILED

Mar 06 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 # P94000028743 (0)

1. Corporation Name
INTERNATIONAL ACADEMY OF TAEKWANDO, INC.

Principal Place of Business

PARKWAY PLAZA #18.19
GOLDEN GATE PKWY
GOLDEN GATE FL 33999
US

Mailing Address

1104 NORTH COLLIER BLVD.
MARCO ISLAND FL 34145-2547



3. Date Incorporated or Qualified
04/14/1994

3a. Date of Last Report
04/26/1996

4. FEI Number

65-0491292

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

21. Principal Place of Business

4961 GOLDEN GATE PKWY

22a. Mailing Address

4961 GOLDEN GATE PKWY

Suite, Apt. #, etc.

PARKWAY PLAZA #18.19

Suite, Apt. #, etc.

PARKWAY PLAZA #18.19

City & State

GOLDEN GATE, FL

City & State

GOLDEN GATE, FL

Zip

34116

Country

US

Zip

34116

Country

US

9. Name and Address of Current Registered Agent

GREUSEL, JAMIE B
% BERRY & GREUSEL
1104 N. COLLIER BLVD.
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name

ELAINE B. WHATLEY

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

5330-16th PL SW

83

84 City

NAPLES

FL

85 Zip Code

34116

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

ELAINE B. WHATLEY

ELAINE B. WHATLEY

2-19-97

(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	VPTD	<input type="checkbox"/> DELETE
NAME	WIERCINSKI, DWAYNE	
STREET ADDRESS	2770 48TH TERR., SW	
CITY-ST-ZIP	NAPLES FL 33989	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	CIOCCA, CLAUDIA	
STREET ADDRESS	2770 48TH TERR., SW	
CITY-ST-ZIP	NAPLES FL 33989	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	NAPLES FL 34116
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	NAPLES FL 34116
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 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, changed, or on an attachment with an address.

SIGNATURE:

Claudia Ciocca

CLAUDIA CIOCCA

02/19/97

(941)352-5257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (9/96)