

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 11, 1998 8:00 am
Secretary of State

DOCUMENT # P94000053248 (8)

1. Corporation Name

TAE GEUK MARTIAL ARTS SUPPLIES, INC.



Principal Place of Business

Mailing Address

~~100 SOUTH LAKE DESTINY ROAD
SUITE 200
MAITLAND FL 32751~~

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SUITE 200
MAITLAND FL 32751~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1994

4. FEI Number

59-3251199

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

341 North Maitland Avenue

26 Post Office Drawer 7540

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 340

27

City & State

City & State

Maitland, Florida

28 Maitland, Florida

Zip

Country

Zip

Country

32751

25

USA

29

32794-7540

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~TATICH PHILIP X
100 SOUTH LAKE DESTINY ROAD X
SUITE 200
MAITLAND FL 32751~~

81 Name

Philip Tatich

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

341 North Maitland Avenue

83

Suite 340

84

City
Maitland

FL

85

Zip Code
32751

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	REES, RYAN R	1211 N. LAKE SYBELIA DRIVE	MAITLAND FL 32751	<input type="checkbox"/>
VD	OH, JOO Y	1018 W STATE RD 434 SUITE 250	LONGWOOD FL 32750	<input type="checkbox"/>
SD	MAJOR, LORI J	1335 BENNETT DRIVE, SUITE 143	LONGWOOD FL 32750	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98

Date

Daytime Phone # 0071945

CR2E034 (10/97)