

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 25 AM 8:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000070623 (1)

1. Corporation Name

WORLD TAEKWONDO COLLEGE, INC.

Principal Place of Business

Mailing Address

1040 E. OLIVE RD.
APT. 709
PENSACOLA FL 32514

1040 E. OLIVE RD.
APT. 709
PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/07/1994

4. FEI Number

Applied For

59-3272545

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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 8084 N DAVIS HWY A-3

26 Suite, Apt. #, etc.
27 SAME

23 City & State
PENSACOLA FL

28 City & State

24 Zip
32514

29 Country
FLORIDA

25 Country
FLORIDA

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOON, TAI HWAN
1040 E. OLIVE RD.
APT. 709
PENSACOLA FL 32514

B1 Name

YOON, TAI HWAN

B2 Street Address (P.O. Box Number is Not Acceptable)

1254-F. COLLEGE PKWY

B3

B4 City

GULF BREEZE FL

B5 Zip Code
32561

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]

7/19/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PSTD
NAME: YOON, TAI HWAN
STREET ADDRESS: 1040 E. OLIVE RD., #709
CITY, ST, ZIP: PENSACOLA FL 32514

11 TITLE: PSTD Change Addition
12 NAME: YOON, TAI HWAN
13 STREET ADDRESS: 1254-F. COLLEGE PKWY
14 CITY, ST, ZIP: GULF BREEZE, FL 32561

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY, ST, ZIP:

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY, ST, ZIP:

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY, ST, ZIP:

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY, ST, ZIP:

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY, ST, ZIP:

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)(b), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/95 (904)477-9781
Date Telephone #