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

Mailing Address

C/O BRIAN K. CALIFF P.O. BOX 807

WABASSO FL 32970

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

VERO BEACH FL 32970

707 17TH ST.

P.O. BOX 807



FLORIDA DEPARTMENT OF STATE

FILED

Mar 06 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

06/12/1996

(541) 589-4926

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048194 (1)

TREASURE COAST TANG SOO DO, INC.

21 2206		26				59-3321454		Not Applicable
	Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	┌ \$8.75	Additional
22	27					G. Certificate of Statos Desired	Fee I	Required
City & State						6. Election Campaign Financing	\$5.0	O May Be
23 Vero	Beach, Fl.	28				Trust Fund Contribution	Adder	d to Fees
Zip	Country	Zip	Co	untry		8. This corporation has liability for		s. 199.032,
24 3296		29	30	······································			Yes No	
9. Name and Address of Current Registered Agent					 	10. Name and Address of New R	egistered Agent	
CALIFF, BRIAN K 650 CRYSTAL MIST AVE. SEBASTIAN FL 32958				81	Name			
				82 Street Address (P.O. Box Number is Not Acceptable)				
				or other state of the state of				
				83				
				84	City		ne 2:	p Code
				••	City		FL 85 24	3 C008
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								
office or re agent La	egistered agent, or both, in the State c m familiar with, and accept the obligat	of Florida. Such change was tions of Section 607.0505. F	: authorize Florida Sta	ed by	the corporation	n's board of directors. I hereby acce	pt the appointment a	is registered
	and the second s		70.104 012					
SIGNATURE Stignature: type of or printed natic of registered agent and title II explicable. (NOTE Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO)RS IN 12
TITLE	D DELETE 1.1		1.1 7	1.1 TITLE			☐ Change	Addition
NAME	CALIFF, BRIAN		1,2 6	NAME				
STREET ADDRESS	650 CRYSTAL MIST AVE.		1.3 9	STREET	ADDRESS			
CHTY - ST - ZIP	SEBASTIAN FL 32958		1.4 (CITY-ST	:- 21P			
TITLE	DELETE 2.1			TITLE			Change	Addition
NAME			2.2 M	NAME				
STREET ADDRESS			2.3 \$	STREET	ADDRESS			
CITY-S1-ZIP			2.44	CITY-S	T - ZIP			
TITLE				IITLE			Change	Addition
NAME	3.2			NAME				
STREEL ADDRESS			3.3 \$	STREET	ADDRESS			
CITY-S1-ZIP				CITY - S	T-ZIP			
THLE				TITLE			☐ Change	Addition
NAME			4.21	NAME				
STREET ADDRESS			4.3 \$	STREET	ADDRESS			
CHTY-ST-ZIP			4.4 0	CITY - ST	:- ZIP			
TITLE	A A A A A A A A A A A A A A A A A A A			TITLE			Change	Addition
NAME			5.2 N	NAME				i
STREET ADDRESS			5.3 9	STREET	ADDRESS			
CITY-S1-ZIP			540	CITY - ST	- 710			
TITLE				ITLE			☐ Change	Addition
NAME.			628	NAME				
STREET ADDRESS					ADDRESS			
CITY-S1-ZIP				CITY-ST				
	by certify that the information supplied	with this filing does not qua				n Section 119.07(3)(i), Florida Statute	es. I further certify the	at the
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 if changed, or on an attachment with an address.								