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**

DOCUMENT # P95000048930 (8)

ROYAL PALM TAE KWON DO, INC.

Principal Place of Business

FILED May 01 1998 8:00am Secretary of State



ROBERT CAULLETT

561-790-4326

3/20/98

1 Throiper Flago of Eddinous					
5908 ELMHURS WEST PALM B	ST DR JEACH FL 33417	5908 ELMHURST OR West Palm Beach FL 334	117	DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified 06/20/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 11150	OKEECHOBEE BLV	D 26 11150 OKEE	CHOBEE BLV		Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 SUITE	3 N	27 SUITE N			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	PALM BEACH FL			Trust Fund Contribution	Added to Fees
Zip	Country	Z _{ip}	Country	8. This corporation owes or has paid the o	
24 3341	26 Curre	29 33411 3	<u> </u>	Personal Property Tax due June 30. 10 Name and Address of New Registers	
g, realite all to Account to get to the second to get to g					
CAULLET, TON-SIL ROBERT CAULT, ETT					
	8 ELMHURST DR		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33417				908 ELMHURST DR	
			63		
	1 -	· /	84 City	EST PAM BEACH F	L 85 Zip Code 33417
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					
11. Pursuant to the provisions of Sections sof .0502 and 507.1508, 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 prida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with and a copt the obtainent; of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature Typed or Invited tides of Projectional of the diagnostic					
12.		D DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	7.001110110,011111102011011110211011	☐ Change ☐ Addition
NAME	CAULETT, YUN-SIL	_	1.2 NAME		
STREET ADDRESS	5908 ELM HURST RD.		1,3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE		DELETE		P/D	Change Addition
NAME			2.2 NAME	ROBERT CAULLETT	
STREET ADDRESS			2.3 STREET ADDRESS	5908 ELMHURST DR	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		33417
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-\$1-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	,	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	(4)(1)	
14, I hereby c	ertify that the information supplied to	with this filing does not qualify to	the exemption stated i	in Section 119.07(3)(i), Florida Statules. I further ture shall have the same legal effect as if made	under oath; that I am an
14. I hereby certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or complemental annual report is true and officer or director of the corporation of the receiver or projection or p					