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May 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 # P95000050004 (7)

1. Corporation Name

COVAS TAE KWON DO SCHOOL INC.

Principal Place of Business

4469 S. CONGRESS AVENUE
BAY 119
LAKE WORTH FL 33461
US

Mailing Address

4469 S. CONGRESS AVENUE
BAY 119
LAKE WORTH FL 33461-4749
US

3. Date Incorporated or Qualified
06/26/1995

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

2. Principal Place of Business

21 3978 LAKE WORTH RD

2a. Mailing Address

26 3978 LAKE WORTH ROAD

Suite, Apt. #, etc.

22 KIRK LAKE PLAZA

Suite, Apt. #, etc.

27 KIRK LAKE PLAZA

City & State

23 LAKE WORTH FL

City & State

28 LAKE WORTH FLORIDA

Zip

24 33461

Country

25

Zip

29 33461

Country

30

4. FEI Number

65-0591777

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

9. Name and Address of Current Registered Agent

COVAS, PEDRO J
3902 OCALA RD
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE DP
NAME COVAS, PEDRO J
STREET ADDRESS 3902 OCALA RD
CITY-ST-ZIP LANTANA FL

☐ DELETE

TITLE DV
NAME COVAS, BEATRIZ E
STREET ADDRESS 3902 OCALA RD
CITY-ST-ZIP LANTANA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE DV
2.2 NAME COVAS PEDRO J.
2.3 STREET ADDRESS 3902 OCALA ROAD
2.4 CITY-ST-ZIP LANTANA FL 33462

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
COVAS President 4/23/97 (561) 964-2464

Date

Daytime Phone #

CR2E034 (9/96)