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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062941 (6)

GREYEAGLE TAE-KWON-DO, INC.

Principal Place of Business	Mailing Address
2601 E. SUNRISE BLYD. FORT LAUDERDALE FL 33304	2601 E. SUNRISE BLVD. FORT LAUDERDALE FL 33304-3205

FILED May 14 1997 8:00am Secretary of State



								Date Incorporated or Qualified 08/15/1995		ate of Last 19/1996	
├ ─ `	Principal Place of Business 2a. Mailing Address				4.	4. FEI Number			Applied For		
26							65-0609184			Not Applicabl	
Suite, Apt. #, etc.						5.	Certificate of Status Desired			Additional	
22 27 City & State City & State										Required	
├ ──			City & State				r	Election Campaign Financing	ь		O May Be
	Country	28 Zip		T	untry			Trust Fund Contribution	_ <u></u>		d to Fees
	25	29		30	uritry			This corporation has liability for Florida Statutes		tax under ∃ No	r s. 199.032,
	and Address of Currer		ent	1301	1			Name and Address of New Re			
PILAR, STEVEN					81	Name					
2601 E. SUNR											
FORT LAUDERI					82	Street A	Address (P.	O. Box Number is Not Acceptal	ole)		
'OH BIOPEN	THE TE GOOD				83						
l											
					84	City			FL	85 Zi	p Code
 Pursuant to the provise office or registered ag 	ons of Sections 607.050 ent, or both, in the State h, and accept the oblig	2 and 607.1508, of Florida, Such	Florida Statut change was a	es, the a authorize	bove d by	e-named o	corporation oration's be	submits this statement for the poard of directors. I hereby acce	ourpose of pt the app	changing ointment	j its registered as registered
SIGNATURE	, -										
Signature, typed	or printed name of registered ago	on and title if applicable D DIRECTORS	(NOT		d Ago	nt signature r	required when		DATE	DUDEOTA	200 141 40
TITLE PD	OFFICERS AIN		DELETE	13. 1.1 fr	al r		A	DDITIONS/CHANGES TO OFFIC	EHS AND	Change	
NAME PILAR, ST	TEVEN A	ţ	_ J DELLIE	1		1				слапре	E [_] Addition
0004 F 6	SUNRISE BLVD.			1.2 N							
PARTIA	JDERDALE FL 33304					ADDRESS					
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NAME			percit	3.2 N		-				C. Onlange	Z LLI MUUIIO
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NAME		_		5.2 N		- [
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP						i					
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NAME		-		62 N		}				one-ige	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP											
	the information supplied	d with this tiling d	ocs not qualif		OXE		ated in Sec	tion 119.07(3)(i), Florida Statute	s I further	certify the	et the

• I do nefeby certify that the information supplied with the fulling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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 of

SIGNATURE:

4-28-97