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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000096747

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90105 013 \*\*\*150.00

1. Corporation SUL'S Ta	AEKWONDO U.S.A., INC.  o of Business I AVENUE	Mailing Address 2437 S.W. 27TH AVENUE OCALA FL 34474		DO NOT WRITE IN THE		
- D::I D	leas of Divisions	2a, Mailing Address		12/22/1995 4. FEI Number	TAnr	olied For
2. Principal Pi	lace of Business	26 2461 SW	27th AUG	59-3362456		Applicable
Suite, Apt.	#, etc.	- Suite, Apt. #, etc.	<del>- 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </del>	5. Certificate of Status Desired	<b>\$8.75</b> A Fee Rec	
City & State	Э	City & State	FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip 24	Country 25	29 34474 3	Country 30	This corporation owes the current year to Personal Property Tax.	Yes	□No
	g. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	d Agent	
SUL, CHONG W 2437 S.W. 27TH AVENUE OCALA FL 34474		82 Street Address (P.O. Box Number is Not Acceptable) 83				
			84 City	F	85 Zip C	ode
office or reasons. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	thorized by the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its ointment as reg	registered gistered
signature  12.	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered age OFFICERS A	e of Flonda. Such change was aut lations of, Section 607.0505, Flori	thorized by the corporat	ion's board of directors. Thereby accept the app	Offitherit as reg	
signature  12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig  Signature, typed or printed name of registered ag  OFFICERS A  PDST  SUL, CHONG W  1601 S.W. 27TH AVENUE, AP	e of Florida. Such change was autiliations of, Section 607.0505, Floridations of the floridation of the flor	Registered Agent signature requir  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)  DATE	AND DIRECTO	RS IN 12
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14. I 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, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/55 50 873/53.
Date Daytime Phone #