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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000009108

1. Corporation Name

WORLD CLASS TAE KWON DO, INC.



Principal Place of Business
 4001-A NOVA RD
 PORT ORANGE FL 32127
 US

Mailing Address
 4790 SPRUCE CREEK ROAD
 PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3356255	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> -	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PEREZ, BRUNO
 180 MOON STONE COURT
 PORT ORANGE FL 32119

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 Dolores C. Kolmel
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VICE PRESIDENT
NAME	PEREZ, BRUNO J	1.2 NAME	SHELLEY AVERAID
STREET ADDRESS	180 MOON STONE COURT	1.3 STREET ADDRESS	78 RAINS CT
CITY-ST-ZIP	PORT ORANGE FL 32119	1.4 CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE	V	2.1 TITLE	
NAME	KOLMEL, DAVID G	2.2 NAME	
STREET ADDRESS	4790 SPRUCE CREEK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME	SHIRLEY AVERAID	3.2 NAME	
STREET ADDRESS	78 RAINS COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

Date

Daytime Phone #

Dolores C. Kolmel
Shelley Avera

4/30/99 904-423-3346

CR2E034 (1/98)