
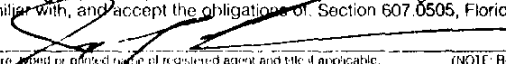


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000021137 (0) 1. Corporation Name TRADITIONAL TAE KWON-DO CENTER OF DANIA, INC.					
Principal Place of Business 222 N FEDERAL HWY DANIA FL 33004			Mailing Address 222 N FEDERAL HWY DANIA FL 33004		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0685158	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 or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HOFFMEISTER, MICHAEL 222 N. FEDERAL HWY DANIA FL 33004			10. Name and Address of New Registered Agent		
			81	Name	JERRY LOWENSTEIN
			82	Street Address (P.O. Box Number is Not Acceptable)	1804 N 17TH AVE #107
			83		
			84	City	HOLLYWOOD
			85	Zip Code	33020
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  DATE 3/24/98					
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMEISTER, MICHAEL		12	NAME	
STREET ADDRESS	1118 SE 6TH AVE		13	STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004		14	CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> DELETE	21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWENSTEIN, JERRY		22	NAME	
STREET ADDRESS	1804 N 17TH AVE #107		23	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020		24	CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32	NAME	
STREET ADDRESS			33	STREET ADDRESS	
CITY-ST-ZIP			34	CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42	NAME	
STREET ADDRESS			43	STREET ADDRESS	
CITY-ST-ZIP			44	CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52	NAME	
STREET ADDRESS			53	STREET ADDRESS	
CITY-ST-ZIP			54	CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62	NAME	
STREET ADDRESS			63	STREET ADDRESS	
CITY-ST-ZIP			64	CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:

 3/24/98 954-927-6116

CR2E034 (10/97)