Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90157 036 ***300.00

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 # P9600037489

1. Corporation Name

ELOBIDA KEYS TAEKWONDO, INC.

, LOUIDA							
Principal Place of Business Mailing Address					I (Raitage inn naren mirte autre gater gater anere	TRIBE PITTI INGIL BIRES	10113 (81) (83)
103200 OVERSEAS HIGHWAY 103200 OVERSEAS HIGHWAY				•			
#12 #12					DO NOT WRITE IN	TUIC COACE	
KEY LARGO FL 33037 KEY LARGO FL 33037					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed		
						•	}
					04/30/1996 4. FEI Number		oplied For
2. Principal Place of Business 2a. Mailing Address						└	ot Applicable
21 103400 Overseas Hwy 26					65-0661020	\$8.75	
Suite, Apt. #, etc					5. Certificate of Status Desired		equired
City & State City & State					6. Election Campaign Financing	•	May Be to Fees
23 Ley Largo 1 2 28			Country		Trust Fund Contribution		10 F865
			, ,		8. This corporation owes the current ye	ar intangible □ Yes	□No
24 - 0 - 1			└ ─┬─		Personal Property Tax. 10. Name and Address of New Regist		
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Rogist	nou Agent	
INGENO, JAMES			81				
103200 OVERSEAS HIGHWAY			82	Street Ac	dress (P.O. Box Number is Not Acceptable)		j
#12			83				
KEY LARGO FL 33037			63				}
			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 posted name of registered apent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	signature requ	ADDITIONS/CHANGES TO OFFICER		DRS IN 12
TITLE	P OFFICERS AND	DELETE	1.1 TITLE		ADDITIONAL DESCRIPTION OF THE PROPERTY OF THE	☐ Change	Addition
	<u> </u>		1.2 NAME	-		, —	_
NAME	iraciro, oranco		1.3 STREET	ADDOCCC			
STREET ADDRESS				1			
T OF STE			1.4 CITY-ST 2.1 TITLE	-212	<u> </u>	☐ Change	Addition
TITLE							
NAME			2.2 NAME				
			2.3 STREET		The state of the s	·- •	* .
C!TY-ST-ZIP		□ DELETE	2.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE		(VELETE	3.1 TITLE	1			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADORESS			

14 m 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 of 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 an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

☐ DELETE

SIGNATURE:

智能量法

CONTRACTOR OF STATE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

unter Required PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Change

Change

☐ Addition

Addition

☐ Addition