

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000037541 (5)

1. Corporation Name

EDWARDS' TAEKWONDO PLUS, INC.

Principal Place of Business

2401-B LANGLEY AVENUE  
PENSACOLA FL 32504

Mailing Address

2401-B LANGLEY AVENUE  
PENSACOLA FL 32504-8922

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

EDWARDS, LYNNETTE O  
2401-B LANGLEY AVENUE  
PENSACOLA FL 32504

3. Date Incorporated or Qualified <b>04/26/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3379311</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 officer 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 of registered agent and file if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	<input type="checkbox"/> DELETE	21 TITLE
NAME		22 NAME
STREET ADDRESS		23 STREET ADDRESS
CITY, ST, ZIP		24 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	31 TITLE
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY, ST, ZIP		34 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	41 TITLE
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY, ST, ZIP		44 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY, ST, ZIP		54 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY, ST, ZIP		64 CITY-ST-ZIP

14. I do 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: *Keith W. Edwards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97 904-484-2644

Date

Daytime Phone #

0485296

CR2E034 (9/96)