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Apr 30, 1999 8:00 am
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 # P97000090746

1. Corporation Name

COSWELL TAEKWONDO CENTER, INC.

Principal Place of Business

2012 NE 155 STREET
NORTH MIAMI BEACH FL 33162

Mailing Address

2012 NE 155 STREET
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1997

4. FEI Number

65-0789761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 17070 COLLINS AVE

Suite, Apt. #, etc.

22 SUITE 266B

City & State

23 SUNNY ISLES BEACH

Zip

24 33160

Country

25 DADE

2a. Mailing Address

26 17070 COLLINS AVE

Suite, Apt. #, etc.

27 SUITE 266B

City & State

28 SUNNY ISLES BEACH

Zip

29 33160

Country

30 DADE

9. Name and Address of Current Registered Agent

~~BURRELL, DAWN~~
~~2012 NE 155 STREET~~
~~NORTH MIAMI BEACH FL 33162~~

10. Name and Address of New Registered Agent

81 Name

GLENN GOPMAN CPA

82 Street Address (P.O. Box Number is Not Acceptable)

20451 NW 2ND AVE

83

SUITE 201

84 City

MIAMI

FL

85 Zip Code

33169

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 GLENN GOPMAN CPA

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BURRELL, COSWELL
STREET ADDRESS 2012 NE 155 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE STD ☐ DELETE

NAME BURRELL, DAWN
STREET ADDRESS 2012 NE 155 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

Burrell

4/28/99

Date

305-949-2111

Daytime Phone #

CR2E034 (11/98)