


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90063 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000017152 1. Corporation Name SUL'S ATA, INC.		



Principal Place of Business
 1710 WELLS ROAD
 #323
 ORANGE PARK FL 32073

Mailing Address
 P.O. BOX 16962
 JACKSONVILLE FL 32245-6962

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Karate for Kids		2a. Mailing Address 26 SUL'S ATA INC.		3. Date Incorporated or Qualified 03/01/1998	
Suite, Apt. #, etc. 22 6840 Forest Hill Blvd.		Suite, Apt. #, etc. 27 6840 Forest Hill Blvd.		4. FEI Number 59-3497650	
City & State 23 West Palm Beach, FL.		City & State 28 W. PALM BEACH, FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33413		Zip 29 33413		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SUL, CHONG 1710 WELLS ROAD #323 ORANGE PARK FL 32073				10. Name and Address of New Registered Agent	
				81 Name SUL, CHONG	
				82 Street Address (P.O. Box Number is Not Acceptable) 116 Island Shores Dr.	
				83	
				84 City West Palm Beach FL	
				85 Zip Code 33413	

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SUL, CHONG 1710 WELLS ROAD, #323 ORANGE PARK FL 32073 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PVST SUL, CHONG 6840 Forest Hill Blvd. W. PALM BEACH, FL. 33413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUL, CHONG 1710 WELLS ROAD, #323 ORANGE PARK FL 32073 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D SUL, CHONG 6840 Forest Hill Blvd. W. PALM BEACH, FL. 33413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] **CHONG-H. SUL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 (561) 9676698
 Date Daytime Phone #

CR2E034 (11/98)