FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996	JRI (Secreta DIVISION OF (ry of State CORPORATIO	ONS				
OCUMENT	# V 00	820	(3)	T. 1. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1					
Corporation Name LEE'S TRADITION	ONAL TAE KW	VON DO, INC	* *				an ann		B.B., A.B.,
ncipal Place of Business		Mailin	g Address			7 148F) WINDU WOLLD WALL FRING R	801 86 16 81869 8		#1912 W1921 1991
4801 S TAMIAMI TR SARASOTA FL 34231		DI S TAMIAMI TR RASOTA FL 34231							
						3. Date incorporated or Qualified 12/16/1991	3a . Da	te of Last Re 02/10/199	
. Principal Place of Busine	085	2a. M	ailing Address			4. FEI Number 65-0305295		<u> </u>	oplied For lot Applicable
Scrite, Apt. #, etc.		Su	ute. Apl. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
City & State		27 Ci	ity & State			6. Election Campaign Financing			Required May Be
		28		т		Trust Fund Contribution		Added	to Fees
Zip	Country 25	29	P	Country 30	,	8. This corporation has liability for Florida Statutes	rintangible: es ∐No	tax under s	199.032,
9. Name	and Address of C	Currer t Register	ed Agent		1	10. Name and Address of New	Registered	Agent	
LEE, DAE HOON				81	Name				
4801 S TAMIAMI T	TR .			82	Street Addr	ress (P.O. Box Number is Not Accept	able)		
SARASOTA FL 342	231			83		, , , , , , , , , , , , , , , , , , ,			
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. Pursuant to the provision	ons of Sections 607	7.0502 and 607.1	508 Florida Statute	84	,	ration submits this statement for the r	Fl urpose of c	L	Code
- familiar with, and accep GNATURE	at the obligations of	f, Section 607.050	05, Florida Statutes.	es, the above ed by the con	named corpor poration's boar	ration submits this statement for the part of directors. I hereby accept the ap	urpose of di pointment a	L	
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4. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(8), Florida Statutes. Fruntier certify that the information indicated on this annual report is annual report is true and accurate and that my signature shall have the same legal effect as if made undoestif; that I am an officer or director if the Committion or the receiver or trustee empowered to execute this report as required by Chapter 607 if-lorida Statutes; and that my name appears in Block 12 or Block 13 if phanged, or on an attachment with an address.

SIGNATURE: X

NATURE AND TYPED OR PRINT O NAME OF SIGNING OFFICER OR DIRECTOR

X1/39/98 (941) 923-7752