


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90046 018 ***150.00

103303

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 833450
 1. Corporation Name
RED-WHITE VALVE CORP.

Principal Place of Business 20600 REGENCY LN LAKE FOREST CA 92630 US	Mailing Address 20600 REGENCY LN LAKE FOREST CA 92630 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 12/07/1974	Applied For Not Applicable
4. FEI Number 95-2688205	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	NAGAI, AKIRA	
STREET ADDRESS	20600 REGENCY LANE	
CITY-ST-ZIP	LAKE FOREST CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTOH, H	
STREET ADDRESS	20600 REGENCY LANE	
CITY-ST-ZIP	LAKE FOREST CA 92630	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KODAMA, H	
STREET ADDRESS	20600 REGENCY LN	
CITY-ST-ZIP	LAKE FOREST CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRMURA, T	
STREET ADDRESS	20600 REGENCY LN	
CITY-ST-ZIP	LAKE FOREST CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUROSE, HARUO	
STREET ADDRESS	20600 CANADA ROAD	
CITY-ST-ZIP	EL TORO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABE, T	
STREET ADDRESS	20600 REGENCY LANE	
CITY-ST-ZIP	LAKE FOREST CA 81520	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D S Kobayashi
4.3 STREET ADDRESS	20600 Regency Lane
4.4 CITY-ST-ZIP	Lake Forest, CA
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D F Isemoto
5.3 STREET ADDRESS	20600 Regency Lane
5.4 CITY-ST-ZIP	Lake Forest, CA
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D T. Hayashi
6.3 STREET ADDRESS	20600 Regency Lane
6.4 CITY-ST-ZIP	Lake Forest, CA

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)