

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L85775 (9)**

1. Corporation Name
RAVINES MANAGEMENT CORPORATION



Principal Place of Business: **2932 RAVINES ROAD MIDDLEBURG FL 32068**
Mailing Address: **2932 RAVINES ROAD MIDDLEBURG FL 32068**

3. Date Incorporated or Qualified: **07/06/1990**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **59-3019313**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **2932 RAVINES ROAD MIDDLEBURG FL 32068**
2a. Mailing Address: **2932 RAVINES ROAD MIDDLEBURG FL 32068**
21. State, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. Zip: Country:

9. Name and Address of Current Registered Agent
**KEEFE, KENNETH M. JR.
50 N. LAURA ST.
3330 BARNETT CENTER
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P. O. Box Number is Not Acceptable):
83. City:
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HYOHGO, TOHRU	
STREET ADDRESS	2932 RAVINES RD.	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TANA, CHININ	
STREET ADDRESS	2932 RAVINES RD.	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	KONDO, RYOICHI	
STREET ADDRESS	2932 RAVINES RD.	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KAMADA, MASAFUMI	
STREET ADDRESS	2932 RAVINES RD.	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	AVO	<input checked="" type="checkbox"/> DELETE
NAME	MIYAMURA, AKIFUMI	
STREET ADDRESS	2932 RAVINES RD.	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OHYAMA, KIMIAMI	
STREET ADDRESS	2932 RAVINES RD.	
CITY-ST-ZIP	MIDDLEBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	HYOHGO, TOHRU	
13 STREET ADDRESS	2932 RAVINES RDL	
14 CITY-ST-ZIP	MIDDLEBURG FL	
21 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SADO, HIROYUKI	
23 STREET ADDRESS	2932 RAVINES RD.	
24 CITY-ST-ZIP	MIDDLEBURG FL	
31 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	KONDO, MITSUYOSHI	
33 STREET ADDRESS	2932 RAVINES RD.	
34 CITY-ST-ZIP	MIDDLEBURG FL	
41 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	MONAHAN, STEPHEN	
43 STREET ADDRESS	2932 RAVINES RD, MIDDLEBURG FL	
44 CITY-ST-ZIP		
51 TITLE	AVO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	SADO, HIROYUKI	
53 STREET ADDRESS	2932 RAVINES RD	
54 CITY-ST-ZIP	MIDDLEBURG FL	
61 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	KONDO, RYOICHI	
63 STREET ADDRESS	2932 RAVINES RD.	
64 CITY-ST-ZIP	MIDDLEBURG FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Steve Monahan 2/5/96 (904) 282-2701
DATE: _____ DAY/TIME PHONE: _____

CR2E034 (12/95)