

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

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90003 015 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M85495**

1. Corporation Name
TAIYO SHOUMEI, INC.

Principal Place of Business C/O TATSUHIKO MORI 3340 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118-6348	Mailing Address C/O TATSUHIKO MORI 3340 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118-6348
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	501 Seabreeze Blvd.	06/14/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2332593	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 Daytona Beach FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29 32118		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORI, TATSUHIKO 3340 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORI, TATSUHIKO		1.2 NAME		
STREET ADDRESS	3340 SO. ATLANTIC AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. SHS. FL		1.4 CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SATO, MASAACKI		2.2 NAME		
STREET ADDRESS	3340 SO. ATLANTIC AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. SHS. FL		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SATO, MASAACKI		3.2 NAME		
STREET ADDRESS	3340 SO. ATLANTIC AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. SHS. FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Masaki Sato **MAKASAKI SATO** 1/15/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)