

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 06 1996 8:00 am
Secretary of State

DOCUMENT # P15975 (6)

1. Corporation Name
SPORTS SHINKO (FLORIDA) CO., LTD.



Principal Place of Business: **%C T CORPORATION SYSTEM 3200 STATE ROAD 546 GRENELEFE FL 33844**
Mailing Address: **%C T CORPORATION SYSTEM 3200 STATE ROAD 546 GRENELEFE FL 33844**

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

3. Date Incorporated or Qualified: **09/15/1987** 3a. Date of Last Report: **08/03/1995**
4. FEI Number: **51-0302824** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
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: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-------------------------------------|----------------------------|---|--|
| TITLE: T | FUKUDA, TSUGIO | 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: FUKUDA, TSUGIO | #4-12 MANZAI-CHO | 2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: OSAKA, JAPAN | | 3. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-STATE-ZIP: OSAKA, JAPAN | | 4. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: DV | KINOSHITA, TAKESHI | 5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: KINOSHITA, TAKESHI | #4-12 MANZAI-CHO | 6. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: OSAKA, JAPAN | | 7. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-STATE-ZIP: OSAKA, JAPAN | | 8. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: PD | KINOSHITA, TOSHIO | 9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: KINOSHITA, TOSHIO | #4-12 MANZAI-CHO | 10. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: OSAKA, JAPAN | | 11. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-STATE-ZIP: OSAKA, JAPAN | | 12. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: V | STREKER, RONASLD W | 13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: STREKER, RONASLD W | 3200 STATE ROAD 546 | 14. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: GRENELEFE FL | | 15. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-STATE-ZIP: GRENELEFE FL | | 16. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: V | AUDRAN, DOMINIQUE J | 17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: AUDRAN, DOMINIQUE J | 3200 STATE ROAD 546 | 18. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: GRENELEFE FL | | 19. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-STATE-ZIP: GRENELEFE FL | | 20. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: DV | YAMAMOTO, IWANE | 21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: YAMAMOTO, IWANE | #41-21 MANZAI-CHO | 22. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: OSAKA JA | | 23. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-STATE-ZIP: OSAKA JA | | 24. CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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*****225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do 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 checked in on an attachment with this filing.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **RONASLD W STREKER**

3/25/96 (941) 421-5001
Date: _____

CR2E034 (12/95)