

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:23

DOCUMENT # P93000021979 (8)

1. Corporation Name
KODEN INTERNATIONAL, INC.

Principal Place of Business: **14000 ROOSEVELT BLVD. CLEARWATER FL 34618**
Mailing Address: **P.O. BOX 6700 CLEARWATER FL 34618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/19/1993**
3a. Date of Last Report: **06/01/1994**

4. FEI Number: **04-2850136**
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 is liable for penalties for Chapter 6, 1993 Florida Statutes: Yes No

2. Principal Place of Business: **11001 ROOSEVELT BLVD**
2a. Mailing Address: **11001 ROOSEVELT BLVD**
21. City & State: **800 ST PETERSBURG, FL**
22. City & State: **800 ST PETERSBURG, FL**
23. City & State: **33716 ST PETERSBURG, FL**
24. City & State: **33716**

9. Name and Address of Current Registered Agent
**NELSON, CHARLES G
14000 ROOSEVELT BLVD.
CLEARWATER FL 34618**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **11001 ROOSEVELT BLVD**
83. **SUITE 800**
84. City: **ST PETERSBURG FL** 85. Zip Code: **33716**

11. Pursuant to the provisions of Sections 607.0507 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 607.0905, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ALTERNATE/CHANGED TO OFFICERS AND DIRECTORS IN 12	
1111	D	1111	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ITO, YOSHIMASA	1211	
STREET ADDRESS	2-10-45 KAMI OSAKI SHINAGWA KU	1311	
CITY, STATE, ZIP	TOYKO, JAPAN	1411	
1111	D	2111	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSFORD, TED L	2211	
STREET ADDRESS	14000 ROOSEVELT BLVD.	2311	
CITY, STATE, ZIP	CLEARWATER FL 34618	2411	
1111		2511	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2611	
STREET ADDRESS		2711	
CITY, STATE, ZIP		2811	
1111		2911	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3011	
STREET ADDRESS		3111	
CITY, STATE, ZIP		3211	
1111		3311	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3411	
STREET ADDRESS		3511	
CITY, STATE, ZIP		3611	
1111		3711	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3811	
STREET ADDRESS		3911	
CITY, STATE, ZIP		4011	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and equally for the corporation stated in Sections 607.0507 and 607.1508, Florida Statutes, and that the information supplied in this annual report or supplemental annual report is true and correct and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the registered or deemed registered agent on this report as reported by Chapter 607, Florida Statutes, and that my name appears on this report as a Director, Officer, or Registered Agent with an address.

SIGNATURE: *Ted L Hansford* **TED L HANSFORD** 4/24/95 (813) 576-5495