

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 12: 50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000044795 (0)

1. Corporation Name

TCF SOUTHEAST, INC.

Principal Place of Business

**201 EAST PINE ST.
SUITE 1200
ORLANDO FL 32801**

Mailing Address

**201 EAST PINE ST.
SUITE 1200
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/15/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-3255002

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

9. Name and Address of Current Registered Agent

**PRICE, PAMELA O
601 E. PINE ST.
SUITE 1200
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **FUJITA, SENJI**
STREET ADDRESS **201 E. PINE ST., #1200**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DP**
NAME **TAKAI, YOSHIMI**
STREET ADDRESS **201 E. PINE ST., #1200**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DV**
NAME **WIENER, WILLIAM J**
STREET ADDRESS **201 E. PINE ST., #1200**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DS**
NAME **KAWAI, KOICHI**
STREET ADDRESS **201 E. PINE ST., #1200**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DT**
NAME **ITOH, TETSURO**
STREET ADDRESS **201 E. PINE ST., #1200**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME **NODA, YUJI**
5.3 STREET ADDRESS **201 E. PINE ST., #1200**
5.4 CITY-ST-ZIP **ORLANDO FL 32801**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 this 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:

William J. Wiener
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Wiener 3/30/95 212-418-0132

Date

Telephone #