


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

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FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90031 012 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000087752

1. Corporation Name
ENKEI FLORIDA, INC.

Principal Place of Business
**32400 INDUSTRIAL DRIVE
MADISON HEIGHTS MI 48071**

Mailing Address
**32400 INDUSTRIAL DRIVE
MADISON HEIGHTS MI 48071**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1997

4. FEI Number

38-3375614

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	PT	<input type="checkbox"/> DELETE
NAME	COX, GALEN R	
STREET ADDRESS	32400 INDUSTRIAL DR	
CITY-ST-ZIP	MADISON HGTHS MI 48071	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SEMMER, HOWARD A J	
STREET ADDRESS	32400 INDUSTRIAL DR	
CITY-ST-ZIP	MADISON HGTHS MI 48071	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUZUKI, JUNICHI	
STREET ADDRESS	2000 W INWOOD DR	
CITY-ST-ZIP	COLUMBUS IN 47201	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEASE, RICHARD	
STREET ADDRESS	2900 W INWOOD DR	
CITY-ST-ZIP	COLUMBUS IN 47201	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANNO, JUN	
STREET ADDRESS	2900 W INWOOD DR	
CITY-ST-ZIP	COLUMBUS IN 47201	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	SEE ATTACHED	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Galen R Cox

4/27/99

Date

(248) 585-3100

Daytime Phone #

CR2E034 (11/98)

Enke Florida, Inc.
32400 Industrial Drive
Madison Heights, MI 48071

544844-90031-12
P97000087752

FEI 38-3375614

Additional Directors to be Listed in Block 12 of the 1999 Profit Corporation Annual Report:

Director
Chikatoshi Hattori
2900 W. Inwood Drive
Columbus, IN 47201

Director
Hiroshi Takeuchi
2900 W. Inwood Drive
Columbus, IN 47201

Director
Kiyoshi Iwamoto
2900 W. Inwood Drive
Columbus, IN 47201