

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000087752

1. Entity Name
ENKEI FLORIDA, INC.



Principal Place of Business
1401 WHEELS RD
JACKSONVILLE, FL 32218 US

Mailing Address
1401 WHEELS RD
JACKSONVILLE, FL 32218 US



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number
38-3375614

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUZUKI, HIROFUMI
1401 WHEELS RD
JACKSONVILLE, FL 32218

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *H. Suzuki*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-25-08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ONOUE, TOKIYASU
STREET ADDRESS	1401 WHEELS RD
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	TD
NAME	NAKABAYASHI, HIDEO
STREET ADDRESS	2900 W INWOOD DR
CITY-ST-ZIP	COLUMBUS, IN 47201
TITLE	D
NAME	SUZUKI, JUNICHI
STREET ADDRESS	ACT TOWER 26F 111-2 ITAYAMACHI
CITY-ST-ZIP	HAMAMATSU, SHIZUOKA, JP 430-7726
TITLE	D
NAME	PEASE, RICHARD
STREET ADDRESS	2900 W INWOOD DR
CITY-ST-ZIP	COLUMBUS, IN 47201
TITLE	D
NAME	MERKEL, RICK
STREET ADDRESS	2900 W INWOOD DR
CITY-ST-ZIP	COLUMBUS, IN 47201
TITLE	D
NAME	UEMURA, YUKIO
STREET ADDRESS	4900 ALLIANCE GATEWAY FREEWAY, STE 100
CITY-ST-ZIP	FORT WORTH, TX 76178

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *T. Onoue*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-08
Date

904-741-1991
Daytime Phone #