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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000044639 (0)

## FILED May 14 1997 8:00am Secretary of State

1. Corporation	INTERNATIONAL, INC.	411	عرف ک					
			<del></del>	<del> </del>				
Principal Place		Mailing Address			4000			LAA.
201 E. PIN SUITE 120		201 E. PINE ST. SUITE 1200	•					•
ORLANDO FL 32801 ORLANDO FL 32801					B Data Incorporated as Ovelland	To- Date		
					3. Date Incorporated or Qualified 06/15/1994	3a. Date o	M/18/1	
2. Principal Place of Business 2a. Mailing Address			<del></del>		4. FEI Number			Applied For
21		26	ļ		59-3255013			Not Applicable
Suite, Apt. 22	, etc.	<del></del>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing	<del></del>		0 May Be
23		28		Trust Fund Contribution Added to Fees				
Zip	Country	Zip Co		itry	8. This corporation has liability for intangible tax under s 199.032.			
24	25	29	30			. □ No		
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New F	Registered A	jent	****
			1'	81 Name		-		
PRICE, PAMELA O			Ī	B2 Street Add	Address (P.O. Box Number is Not Acceptable)			
201 E. PINE ST.			ļ.	83				
SUITE 1200				"				
ORLANDO FL 32801				84 City FI 85 Zip Code			Code	
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508. Florida Sta	atutes, the abov	e-named coroc	pration submits this statement for the pu		ging its r	egistered office
familiar wit	ed agent, or both, in the State of Fk h, and accept the obligations of, Se	orida. Such change was auth oction 607.0505, Florida Statu	orized by the co utes.	orporation's boa	oration submits this statement for the purard of directors. I hereby accept the app	ointment as re	gistered	agent, i am
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registered A	igent eignatura requir	ed when reinstating)	DATE		
12,	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	D	DELETE	1, 1 TIT	LE			Change	Addition
NAME	FUJITA, SENJI		1.2 NAS	AE				
STREET ADDRESS	. ]			EET ADDRESS				
CITY-ST-ZIP TITLE	ORLANDO FL 32801	☐ DELETE		1-ST-ZIP			Change	T App tion
NAME	DP	لي مددد د	2. 1 111			u	Ulaliye	[] kgs (s)
STREET ADDRESS			. 2.2 NAA	ř			•	
CITY-ST-ZIP	ORLANDO FL 32801			EET ADDRESS Y-ST-ZIP				
TATLE	DV	DELETE	3.1 (1)				Change	Applican
NAME	WIENER, WILLIAM J		3.2 NAN			_	•	_
STREET ADDRESS	201 E. PINE ST., #1200		1	REET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32801			(-ST-ZIP				
TITLE	D\$	DELETE	4, 1 1(1)	LE			Change	================================
NAME	KAWAI, KOICHI		4.2 NAM	AE				
STREET ADDRESS	201 E. PINE ST., #1200		4 3 STR	EET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32801	<del></del>		(+ST-ZIP				
TITLE	DT	☐ DELETE	5. 1 TATE	1			Change	□ <del> </del> ssiss
NAME -	NODA, YUJI		5.2 NAN			$\sim$	^ ~	114
STREET ADDRESS	201 E. PINE ST., #1200		1	EET ADDRESS		(4	ر ر	<i>'''</i>
CITY-ST-ZIP	ORLANDO FL	DELETE		(-ST-ZIP			Chance	0 2577
TITLE .		☐ nere re	6.1 1(1)	]		•	Change	LJ *****
NAME CYPECT ADDRESS			6.2 NAN	1	40000218	952	4	
STREET ADDRESS	ī.			EET ADDRESS	-05/23/9701031012			
CITY-ST-ZIP			6.4 CITY	1-ST-ZIP	***173 75			

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)(N). Florida Statutes, I to earlify 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 on the transfer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my remains appears in Block 12 or Block 13 if changed for on an attachment with an address.

GNATURE AND TYPEO OR PRATED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/9/ 352-324-210
Davine Prove: