FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT CORPORATION ANNUAL REPORT 1998 PROFIT CORPORATION ANNUAL REPORT 1998 PROFIT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS PROFIT # 311746 (2)

FILED Apr 09 1998 8:00am Secretary of State

DOCU 1. Corporatio LIMECO	MENT # 31174 D. INC.	6 (2)			1
Principal Place of Business		Mailing Address	 	I #801060 10101 10001 10011 40011 01070 0111 01071 01011	i Olani ofani ononi estin (odi
25251 S.W. 139TH AVE.		P O BOX 4061			
PRINCETON FL 33032-5505		PRINCETON FL 33032			
		US		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				12/12/1966	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		59-1156760	Not Applicable
22 Suite, Apr. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6 Floring Companies Financia	<u>.</u>
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		
24	25	29	30	B. This corporation owes or has paid the cu Personal Property Tax due June 30.	Yes No
=-1	g. Name and Address of Curre			10. Name and Address of New Registered	
YAI	MAMURA, HERBERT		81 Name	•	
	251 SW 139 AVE.		90 04-04-04-04-04	lease (D.O. Day N	
PRINCETON FL 33032			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
			83		
			ļ <u>.</u>	· · · · · · · · · · · · · · · · · · ·	
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Sta	tutes, the above-named corr	poration submits this statement for the purpose of	f changing its registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change wa igations of, Section 607.0505,	s authorized by the corpora Florida Statutes.	tion's board of directors. I hereby accept the app	pointment as registered
	Signature, typed or printed name of registered a		OTE: Registered Agent signature requi		· · · · · · · · · · · · · · · · · · ·
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	YAMAMURA, HERB		1,2 NAME		
STREET ADDRESS	25251 SW 139 AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCETON FL		1.4 CITY+ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	YAMAMURA, APRIL J		2.2 NAME		
STREET ADDRESS	25251 SW 139 AVE.		2.3 STREET ADDRESS		•
CITY-ST-ZIP	PRINCETON FL		2. 4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	V	☐ DELETE	3.1 TITLE		Change Addition
NAME	YAMAMURA, ROBERT		3.2 NAME		
STREET ADDRESS	25251 SW 139 AVENUE		3.3 STREET ADDRESS		•
CITY-ST-ZIP	PRINCETON FL		3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	F
TITLE		☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		** A
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TALE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
4.4		21. (6.1. (7)	 	0 - P - 440 07(0)() FI - 24 - 0 - 1 (- 1)	

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 suppliemental 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or one in the receiver of the corporation or one in the receiver of the corporation of the corpo

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4-2-98

(305) 258-1111