

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3:51

DOCUMENT # **G83936**

1. Corporation Name

K. M. TOMITA, INC.

Principal Place of Business

% CHICO'S
5230 U S 1 STOCK ISLAND
KEY WEST FL 33040

Mailing Address

% CHICO'S
5230 U S 1 STOCK ISLAND
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Zip

29

Country

25

Country

30

3. Date Incorporated or Qualified
02/08/1984

3a. Date of Last Report
03/31/1994

4. FEI Number
59-2395751

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

7. This corporation has liability for intangible tax under §. 190.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

**TOMITA, KENT
5230 U.S. #1
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85 Zip Code** **FL**

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 the signature)

DATE: Registered Agent signature required when combining

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMITA, KENT M.	12 NAME	
STREET ADDRESS	3731 DUCK AVE	13 STREET ADDRESS	
CITY, ST, ZIP	KEY WEST FL	14 CITY, ST, ZIP	
TITLE	DTS	21 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMITA, KENNETH	22 NAME	
STREET ADDRESS	833 EISENHOWER DR UNIT 102	23 STREET ADDRESS	
CITY, ST, ZIP	KEY WEST FL	24 CITY, ST, ZIP	
TITLE		31 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this document is voluntarily furnished and does not qualify for the exemption allowed in Section 110.07(9)(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 the corporation or the receiver or trustee appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed or added as amendment with an asterisk.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

Kent Tomita D/P **JOS-296-4714**

Florida Statute