

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**FILED**  
**Feb 12 1997 8:00am**  
**Secretary of State**

**DOCUMENT # K50819 (7)**

**1. Corporation Name**  
**TACHIKAWA INTERNATIONAL CORPORATION**

**Principal Place of Business**

**P O BOX 5127  
WHITE CITY FL 32465**

**Mailing Address**

**P O BOX 5127  
WHITE CITY FL 32465-5127  
US**



**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

**2a. Mailing Address**

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

**9. Name and Address of Current Registered Agent**

**GIBSON, THOMAS S.  
303 4TH ST.  
PORT ST. JOE FL 32456**

**3. Date Incorporated or Qualified**

**12/12/1988**

**3a. Date of Last Report**

**03/29/1996**

**4. FEI Number**

**59-2929824**

**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 has liability for intangible tax under s. 199.032,  
Florida Statutes**

☐ Yes ☒ No

**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** **D** ☐ DELETE

**NAME** **TACHIKAWA, AKEMI**  
**STREET ADDRESS** **7-6 YOKOSUNANISHI SHIMIZ**  
**CITY - ST - ZIP** **JAPAN**

**TITLE** **DP** ☐ DELETE

**NAME** **TACHIKAWA, ISAKICHI**  
**STREET ADDRESS** **7-6 YOKOSUNANISHI SHIMIZ**  
**CITY - ST - ZIP** **JAPAN**

**TITLE** **ST** ☐ DELETE

**NAME** **TACHIKAWA, MICHIO**  
**STREET ADDRESS** **7-6 YOKOSUNANISHI SHIMIZ**  
**CITY - ST - ZIP** **JAPAN**

**TITLE** ☐ DELETE

**NAME**  
**STREET ADDRESS**

**CITY - ST - ZIP** ☐ DELETE

**NAME**  
**STREET ADDRESS**

**CITY - ST - ZIP** ☐ DELETE

**NAME**  
**STREET ADDRESS**

**CITY - ST - ZIP** ☐ DELETE

**NAME**  
**STREET ADDRESS**

**CITY - ST - ZIP** ☐ DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE** ☐ Change ☐ Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY - ST - ZIP**

**2.1 TITLE** ☐ Change ☐ Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY - ST - ZIP**

**3.1 TITLE** ☐ Change ☐ Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY - ST - ZIP**

**4.1 TITLE** ☐ Change ☐ Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY - ST - ZIP**

**5.1 TITLE** ☐ Change ☐ Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY - ST - ZIP**

**6.1 TITLE** ☐ Change ☐ Addition

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY - ST - ZIP**

**14. I do 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.**

**SIGNATURE: Michio Tachikawa** (立川 美夫)

**2/10/97**

**904-674-1086**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)