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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K50819

TACHIKAWA INTERNATIONAL CORPORATION

Principal Place	e of Business	Mailing Address			I lesigiti sei sitti sitti sei sitti sei sitti sitti sei sitti sei	, , , , , , , , , , , , , , , , , , , ,	
P O BOX 5127 P O BOX 5127							
WHITE CITY FL 32465 WHITE CITY FL 32465 US				DO NOT WRITE IN TH	IS SPACE		
		05			3. Date incorporated or Qualifed 12/12/1988	.,:1	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21	400 01 240545	26			59-2929824	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	l I
22		27			5. Certificate of Status Desired	Fee Rec	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	у	8. This corporation owes the current year	ntangible	٦.,
24	25	<u> </u>	30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	94	T	10. Name and Address of New Registere	d Agent	
CIPO	ON THOMAS S		81	1 Name		_	
GIBSON, THOMAS S. 303 4TH ST.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	T ST. JOE FL 32456		-				
FUN	1 31. JUE FL 32430		83	*			
			84	4 City	F	85 Zip C	ode
** =		1 COZ 1500 Elecido Statutos	- the abou	= named com	poration submits this statement for the purpose	_	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	thorized by	y the corporation	on's board of directors. I hereby accept the app	ointment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: P		ent signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition (
NAME	TACHIKAWA, AKEMI		1.2 NAME				j
STREET ADDRESS			1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	JAPAN	JAPAN 140					Ì
TITLE	DP		1.4 CITY-5			Channe	- Addition
NAME	TACHIKAWA, ISAKICHI 22 N		2.1 TITLE			☐ Change	Addition
STREET ADDRESS	· -	☐ DELETE	-			☐ Change	Addition
1	TA VOVOCULIANDO II OUBLIT	☐ DELETE	2.1 TITLE 2.2 NAME			☐ Change	Addition
CITY-ST-ZIP	· -		2.1 TITLE 2.2 NAME	ET ADDRESS			
CITY-ST-ZIP TITLE	7-6 YOKOSUNANISHI SHIMIZ	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREE	ET ADDRESS -ST-ZIP	-0.	☐ Change	Addition Addition
	7-6 YOKOSUNANISHI SHIMIZ JAPAN ST TACHIKAWA, MICHIYO		2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	ET ADDRESS			
TITLE	7-6 YOKOSUNANISHI SHIMIZ JAPAN ST TACHIKAWA, MICHIYO		2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ET ADDRESS			
TITLE NAME	7-6 YOKOSUNANISHI SHIMIZ JAPAN ST TACHIKAWA, MICHIYO	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ET ADDRESS -ST-ZIP		☐ Change	: Addition
THLE NAME STREET ADDRESS	7-6 YOKOSUNANISHI SHIMIZ JAPAN ST TACHIKAWA, MICHIYO 7-6 YOKOSUNANISHI SHIMIZ		2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP			
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Michiyo Tachikawa 立川美矢2代
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99

850-674-1086

FILED

03-09-1999 90149 045 ***150.00

Mar 09, 1999 8:00 am Secretary of State

Daytime Phone #