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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #	M66215
1. Corporation Name	141005

MATSU-SUSHI JAPANESE RESTAURANT, INC.

Principal Place of Business	- 1
19805-A-S-STATE-RU-7	12
BOCA RATON FL 33498-1767 3011 AI4 YAMATO RE	
3011 AIH YAMATO KO	RO
BOCA RATON, FL 334	34

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90102 046 ***150.00



	1				
Principal Place	of Business	Mailing Address		J 18819Wit til neine mitte einem tiene mett man	, BIBN 31811 EIBN 91811 BIBN 1991
19005-A-3-STA	re 80 7	3011 A14 YAMATO ROD			
	L 334984767 YAMATO ROAD,	BOCA RATON FL 33434		DO NOT WRITE IN TH	IS SPACE
3011 A14	YAMATO KORU	US		3. Date Incorporated or Qualified	3 SFACE
BOCA KAT	TON, FL 33434				İ
		La Maria Addition		01/25/1988 4. FEI Number	Applied For
2. Principal Pl	ace of Business	2a. Mailing Address			<u> </u>
21		26		65-0031020	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22		27			
City & State	1/ A 14/ YAMATOR	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	Zip	Country		
Zip 334		29 30		 This corporation owes the current year I Personal Property Tax. 	Ntangible ☐ Yes ☐ No
24 334	9. Name and Address of Current	4	u [10. Name and Address of New Registere	
	5. Name and Address of Current	registered Agent	81 Name I A		
MAT	SUSHITA, SUSUMU			ATSUSA 1900 DUSUM	44
	5-A S STATE RD 7	ADDRESS .		ress (P.O. Box Number is Not Acceptable)	
	A RATON 33498	OHANGE	83 30//	A14 IDVAID CD.	
500		CHANGE	~ °		
		Chily	84 City (7)	CA RATON F	85 Zip Code
		1 007 4600 EL :1 01-11-11	1 150		-
office or re	edistered agent, or both, in the State of	Florida. Such change was auth	norized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
agent. I a	n familiar with, and accept the obligation	ns of, Section 607.0505, Florida	a Statutes.		
SIGNATURE				od when reinstation) DATE	
	Signature, typed or printed name of registered agent a		egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO CITTOERS	Change Addition
TITLE	PTD	□ pereie			
NAME	MATSUSHITA, SUSUMU		1.2 NAME		
STREET ADDRESS	10672 SANTA LEGUNA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	OBCLETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Cualde ☐ Vaginou
NAME	MATSUSHITA, MAKIKO		2.2 NAME		
STREET ADDRESS	10672 SANTA LAGUNA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	•	
TITLE		☐ DELETE	3.1 TITLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 any attachment with; an address, with all other like empowered.

4.1 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY- ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

OFFICER OF DIRECTOR

☐ DELETE

DELETE

☐ DELETE

Change

☐ Change

☐ Change

Addition

Addition

☐ Addition