


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morrison
Secretary of State
Contact: (813) 224-1200

DOCUMENT # N25574 (7)

TEIKYO FOUNDATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:45

Principal Place of Business: **10900 ROOSEVELT BLVD NORTH ST. PETERSBURG FL 33716**

Mailing Address: **10900 ROOSEVELT BLVD NORTH ST. PETERSBURG FL 33716**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/24/1988**

3a. Date of Last Report: **04/18/1994**

4. FEI Number: **59-2896682**

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. Suite Apt # etc: **27**

23. City & State: **28**

24. Zip: **25** Country: **29** Zip: **30** Country: **31**

9. Name and Address of Current Registered Agent

RAYMOND, LAU
10900 ROOSEVELT BLVD
ST. PETERSBURG FL 33716

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKINAGA, SHOICHI	12 NAME	
STREET ADDRESS	10900 ROOSEVELT BLVD. N.	13 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOKO, SHOICHI	22 NAME	
STREET ADDRESS	10900 ROOSEVELT BLVD. N.	23 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL	24 CITY, ST, ZIP	
TITLE	S	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NONOYAMA, MEIHAN	32 NAME	DELETE Nonoyama, Meihan
STREET ADDRESS	10900 ROOSEVELT BLVD. N.	33 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAKESHI, ABE	42 NAME	
STREET ADDRESS	10900 ROOSEVELT BLVD N	43 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL	44 CITY, ST, ZIP	
TITLE		51 TITLE	<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 TITLE	<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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Raymond Y. Lau, Ph.D.** 7/10/95 (813) 576-6675x125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR