## FILE NOW: FILING FEE IS \$61 25

rile NUW: FILING FEE 18 \$01.20				Feb 16 1998 8:00am	¬ Feb 16 1998 8:00am	
COR ANNL	CORPORATION ANNUAL REPORT Socretai		PARTMENT OF STA B. Mortham etary of State OF CORPORATIONS	Secretary of State		
POCUI 1. Corporation	MENT # N33	367 (6)				
	rea japanese amer	ICAN SOCIETY, INC.				
		((a) ((a) (a) (a) (a) (a) (a) (a) (a) (a				
Principal Place of Business Mailing Address						
8444 31ST TERR N BOX 40594				3. Date Incorporated or Qualified	<del>-</del> -\	
ST PETERSBURG FL 33710 ST PETERSBURG FL 33743			3743	07/24/1989		
				4. FEI Number Applied For	$\exists$	
2. Principal P	Place of Business	2a. Mailing Address		59-2960081 Not Applicat	ole	
26			5. Certificate of Status Desired 56.75 Additional Fee Regulard			
Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	}	
27			Trust Fund Contribution Added to Fees  7. Is this nonprofit corporation a homeowners association?	-		
23		28		☐ Yes ☐ No	_	
Zip	Country 25	Ζφ (29)	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No		
=21 		Current Registered Agent		10. Name and Address of New Registered Agent	$\exists$	
VATEO	OFDUD D		81	Name		
YATES, GERALD B. 6444 31ST TERRACE NORTH			82 5	Street Address (P.O. Box Number is Not Acceptable)	$\neg$	
	ERSBURG FL 33710		83		-	
			84 (	City 85 Zip Code		
11 Burellant	to the provisions of Sections 6	517.00.02 and 617.1609. Closida Ct	atutos the above o	FL [ ]	<u></u>	
office or i	registered agent, or both, in the am familiar with and accord to	ie State of Florida. Such change w ie obligations of Section 617 0503	as authorized by th Florida Statutes	named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered	i"	
SIGNATURE		to diagnosis of pools, and the	, , posta dialogo.		{	
12.	Signature, typed or printed name of regis	stered agent and little if applicable BS AND DIRECTORS	NOTE: Registered Agent s	eignature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\exists $ $ \stackrel{\varepsilon}{\vdash}$	
TITLE	I DP	DELETE	1.1 TITLE	Change Additions on Angle Additions In 12	<sub>ਲਿ</sub> ∤≱ੱ	
NAME	YATES, GERALD B		1.2 NAME		37	
STREET ADDRESS	6444 31ST TERRACE N	NORTH	1.3 STREET AD	DORESS	S S S C C C P C P C P C P C P C P C P C	
CITY-ST-ZIP TITLE	ST PETERSBURG FL	DELETE	1.4 CITY-ST-Z	ZIP Change Addit		
NAME	LYONS, KUNIKO	<b>G</b> otten	2.1 TITLE 2.2 NAME	Formits Acces Formito Lyans	1011	
STREET ADDRESS	11945 100 AVE NORTH	1	2.3 STREET AD		}	
CITY-ST-ZIP	LARGO FE	Попи	2.4 CITY - ST-			
		☐ DELETE	3.1 TITLE	Change Addit	ION I	
TITLE	OS GRIMM CATHY		2.0 844.95	Mathy GKIMM	` <b>i</b>	
NAME	GRIMM, CATHY	<del>nth</del>	3.2 NAME 3.3 STREET AD	DOBESS 6444 31 Terr NO		
(	GRIMM, CATHY 12111 75 STREET, NO		3.2 NAME 3.3 STREET AD 3.4. CITY-ST-	DOBESS 6444 31 Terr NO		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	GRIMM, CATHY 12111 75 STREET, NO. LARGO FL. VP	DETELE	3.3 STREET AD 3.4. CITY-ST- 4.1 TITLE	DORESS 54. Petersburg FL 33710  VP VP VP Addition		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	GRIMM, CATHY 12111 75 STREET, NOI LARGO FL VP HUFNAGEL, BURKHAR	DI.	3.3 STREET AD 3.4 CITY-ST- 4.1 TITLE 4.2 NAME	DORESS 54. Petersburg FL 33710  VP VP VP Addition		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GRIMM, CATHY 12111 75 STREET, NOI LARGO FL VP HUFNAGEL, BURKHAR 8553 MOCKINGBIRD LI	DI.	3.3 STREET AD 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET AD	DORESS TWY Harber Year NO  Cathy Grimm 6444 31 Terr No 5t, letersburg FL 33710  Change Maddi DDRESS 7655 Harber Year Way NO		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	GRIMM, CATHY 12111 75 STREET, NOI LARGO FL VP HUFNAGEL, BURKHAR	DI.	3.3 STREET AD 3.4 CITY-ST- 4.1 TITLE 4.2 NAME	DORESS CATHY GRAMM 6444 31 Terr NO 51. Petersburg FL 33710 VI Change MAddi DDRESS 7685 Harber Yew Way NO	ion	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRIMM, CATHY 12111 75 STREET, NOI LARGO FL VP HUFNAGEL, BURKHAR 8553 MOCKINGBIRD LI	DELETE ANG-	3.3 STREET AD 3.4. CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET AD 4.4 CITY-ST-1	DORESS TURES Harber View Way NO  Seminolum FL 33710  Chief Fomilio Dead  DORESS 7685 Harber View Way NO  ZEP Seminolum FL 33776	ion	
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if oranged, or on an etlachment with an address. SIGNATURE: ( SIGNATURE AND TYPED OR PRINTED NAME