

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 APR -8 AM 8:55

DOCUMENT # N93000001471 (2)

1. Corporation Name

YUKO DAIKO, INC.



mp 412

Principal Place of Business

3444 11TH AVE N
ST PETERSBURG FL 33713

Mailing Address

3444 11TH AVE N
ST PETERSBURG FL 33713

3. Date Incorporated or Qualified
04/01/1993

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3173795

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

9. Name and Address of Current Registered Agent

COMPTON, LORRAINE
3444 11TH AVE N
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

3000001782173

-04/16/96-01067 Zip Code

*****FL*****\$1.25

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PT	<input checked="" type="checkbox"/> DELETE
NAME	COMPTON, LORRAINE	
STREET ADDRESS	3444 11TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	COMPTON, ASOKA	
STREET ADDRESS	3444 11TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RHODAS, JOAN	
STREET ADDRESS	3505 OAKLAKE DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	RHODAS, JOHN	
STREET ADDRESS	3505 OAKLAKE DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	Secretary (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kance Lambert	
1.3 STREET ADDRESS	1415 4th St. S.W.	
1.4 CITY-ST-ZIP	Kaneohe, FL 34640	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kathy Plantamura	
2.3 STREET ADDRESS	7476 132nd Way No.	
2.4 CITY-ST-ZIP	Seminole, FL 34646	
3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	(Director)	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	(Director)	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Akiko Walls	
5.3 STREET ADDRESS	2873 56th St. No	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Eric Comas	
6.3 STREET ADDRESS	1820 1st St. No	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33704	

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 119.07(3)(k), 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: Lorraine Compton Executive Director
Typed Name: Lorraine Compton
Date: 1/29/96
Daytime Phone: 813-327-8220
Typed Name: Joan Rhodas
Date: 3/14/96
Daytime Phone: 813-756-5808

CR2E037 (12/95)