

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90133 034 ****61.25

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DOCUMENT # N93000001471

1. Corporation Name

YUKO DAIKO, INC.

Principal Place of Business

3444 11TH AVE N
ST PETERSBURG FL 33713

Mailing Address

3444 11TH AVE N
ST PETERSBURG FL 33713



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/01/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3173795	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

*Name change
re married
same*

10. Name and Address of New Registered Agent

81 Name Lorraine Margeson
82 Street Address (P.O. Box Number is Not Acceptable) 3444 11th Ave. No.
83 City St. Petersburg, FL
84 City FL
85 Zip Code 33713

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	
NAME	LAMBERT, LANCE	1.2 NAME	
STREET ADDRESS	1415 4TH ST. S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34640	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	PLANTAMURA, KATHY	2.2 NAME	
STREET ADDRESS	7476 132ND WAY NO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34646	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	RHODAS, JOAN	3.2 NAME	
STREET ADDRESS	3505 OAKLAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	RHODAS, JOHN	4.2 NAME	
STREET ADDRESS	3505 OAKLAKE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WALLS, AKIKO	5.2 NAME	
STREET ADDRESS	2873 56TH ST. N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	COMAS, ERIC	6.2 NAME	
STREET ADDRESS	1820 1ST ST. NO.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	6.4 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 617, 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 727-327-8220
Date Daytime Phone #

CR2E037 (1/98)