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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90050 024 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N97000004956

1. Corporation Name

INTERNATIONAL NIPPON COLLECTORS' CLUB, INC.

Principal Place of Business

1417 STEELE ST.
 FT. MYERS FL 33901
 US

Mailing Address

1417 STEELE ST.
 FT. MYERS FL 33901



| | | |
|--------------------------------|------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 112 Ascot Dr. | 08/29/1997 |
| 22 City & State | 27 Suite, Apt. #, etc. | 4. FEI Number 65-0832314 |
| 23 Zip Country | 28 Southlake, Tx. | NOT APPLICABLE |
| 24 Zip Country | 29 76092 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 25 | 30 USA | 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

CARTA, STEVEN
 1619 JACKSON ST.
 FT. MYERS FL 33901

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SMITH, EARL | 1.2 NAME | Tuttle, Debra |
| STREET ADDRESS | 1417 STEELE ST. | 1.3 STREET ADDRESS | 112 Ascot Dr. |
| CITY-ST-ZIP | FT. MYERS FL 33901 | 1.4 CITY-ST-ZIP | Southlake, Tx. 76092 |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATLE, YVONNE | 2.2 NAME | Matlosz, Yvonne |
| STREET ADDRESS | 9101 SULKIRK DR | 2.3 STREET ADDRESS | 9101 Sulkirk Dr. |
| CITY-ST-ZIP | RALEIGH NC 27613 | 2.4 CITY-ST-ZIP | Raleigh, NC 27613 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BOYD, JUDY | 3.2 NAME | Mulmed, Mitzi |
| STREET ADDRESS | 133 PENNSYLVANIA AVE. | 3.3 STREET ADDRESS | 14721 Woodruff Rd. |
| CITY-ST-ZIP | ISLAND PARK NY 11558 | 3.4 CITY-ST-ZIP | Wayzata, MN 55391 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GOLDSTEIN, NAT | 4.2 NAME | Fisher, Dawn |
| STREET ADDRESS | 46-45 188TH STREET | 4.3 STREET ADDRESS | 73 Blue Rock Rd. |
| CITY-ST-ZIP | FLUSHING NY 11358 | 4.4 CITY-ST-ZIP | Millersville, PA 17551 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATTEN, JOAN V | 5.2 NAME | |
| STREET ADDRESS | 3 COLINA LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLIFTON PARK NY 12065 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAU, LINDA | 6.2 NAME | |
| STREET ADDRESS | 1600 S. EADS ST., #219N | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ARLINGTON VA 22202 | 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:

Katherine Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

972-242-2160

Daytime Phone #

CR2E037 (1/98)