**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/4/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:22

NONPROFIT CORPORATION ANNUAL REPORT
**1995**

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

DOCUMENT # **P11098** **(1)**

1. Corporation Name
**BIBLE BASICS INTERNATIONAL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 13042 TARPON SPRINGS RD<br>ODESSA FL 33556<br>US | ~~C/O MRS ELIZABETH KISER~~<br>~~54 IRONIA RD~~<br>~~MENDHAM NJ 07945~~<br>~~US~~ |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 08/13/1986 | 3a. Date of Last Report: 03/30/1994 |
| 4. FEI Number: 23-7328667 | ☐ Applied For ☐ Not Applicable |
| 2. Principal Place of Business (21): | 2a. Mailing Address (26): P.O. Box 340508 |
| Suite, Apt. #, etc. (22): | Suite, Apt. #, etc. (27): |
| City & State (23): | City & State (28): Tampa, FL |
| Zip (24): / County (25): | Zip (29): 33694 / Country (30): USA |
| 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 ☒ | **FILING FEE IS $61.25** |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| PRIDDY, REV. EUGENE<br>13042 TARPON SPGS. ROAD<br>ODESSA FL 33556 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | PRIDDY, REV. EUGENE | 12 NAME | |
| STREET ADDRESS | 4218 SUMMERDALE DRIVE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 14 CITY-ST-ZIP | |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | HERTZOG, REV. ROY | 22 NAME | |
| STREET ADDRESS | 2721 ANDREA DRIVE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ALLENTOWN PA | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | KISER, ELIZABETH | 32 NAME | |
| STREET ADDRESS | 54 IRONIA RD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | MENDHAM NJ | 34 CITY-ST-ZIP | |
| TITLE | TD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | BERRY, JOHN | 42 NAME | |
| STREET ADDRESS | ~~15010 COUNTY LINE ROAD~~ | 43 STREET ADDRESS | 9133 Grosse Pointe Blvd. |
| CITY-ST-ZIP | ~~ODESSA FL~~ | 44 CITY-ST-ZIP | Tampa, FL 33635 |
| TITLE | SD | 51 TITLE | ☐ Change ☐ Addition |
| NAME | KRAUSS, CHARLES | 52 NAME | |
| STREET ADDRESS | 3327 CROAKER DRIVE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | ~~SPRING HILL FL~~ | 54 CITY-ST-ZIP | Hernando Beach, FL 34607 |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | ROBINSON, FRANK | 62 NAME | |
| STREET ADDRESS | 178 COLD SPRING ROAD | 63 STREET ADDRESS | |
| CITY-ST-ZIP | SYOSSET N. | 64 CITY-ST-ZIP | |

CR2E037 (3/95)

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)(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.

**SIGNATURE:** Eugene Priddy Eugene Priddy, Pres. 6/15/95 813-920-2264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019421

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 6/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P11315** **(9)**

1. Corporation Name
**KOSHIN AMERICAN CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1218 REMINGTON RD<br>SCHAUMBURG IL 60173 | 1218 REMINGTON RD<br>SCHAUMBURG IL 60173 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: **09/03/1986** | 3a. Date of Last Report: **07/06/1994** |
| 4. FEI Number: **36-3309683** | ☐ 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 | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.: 22 | Suite, Apt. #, etc.: 27 |
| City & State: 23 | City & State: 28 |
| Zip: 24 / County: 25 | Zip: 29 / County: 30 |

**9. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

**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 _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable (REQUIRED: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | KOHARA, TSUTOMI | 12 NAME | |
| STREET ADDRESS | 38 KITAYAMASHITACHO | 13 STREET ADDRESS | |
| CITY ST ZIP | JAPAN | 14 CITY ST ZIP | |
| TITLE | VS | 21 TITLE | ☐ Change ☐ Addition |
| NAME | MILLER, MICHAEL J | 22 NAME | |
| STREET ADDRESS | 1218 REMINGTON RD | 23 STREET ADDRESS | |
| CITY ST ZIP | SCHAUMBURG IL | 24 CITY ST ZIP | |
| TITLE | S | 31 TITLE | ☐ Change ☐ Addition |
| NAME | HARA, COLIN (ASST.) | 32 NAME | |
| STREET ADDRESS | 134 N. LASALLE ST. | 33 STREET ADDRESS | |
| CITY ST ZIP | CHICAGO IL | 34 CITY ST ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | MATSUEDA, RYUSHI | 42 NAME | |
| STREET ADDRESS | 38 KITAYAMASHITACHO | 43 STREET ADDRESS | |
| CITY ST ZIP | JAPAN | 44 CITY ST ZIP | |
| TITLE | P | 51 TITLE | ☐ Change ☐ Addition |
| NAME | IRITANI, HARUO | 52 NAME | |
| STREET ADDRESS | 12 KAMI-HACHINOTSUBO | 53 STREET ADDRESS | |
| CITY ST ZIP | KYOTO, JAPAN | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E034 (3/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ MICHAEL J MILLER 6-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0177209 FP