FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P30311

1. Corporation Name

PARKSIDE CO. LTD.

Principal Place of Business									
6233 INTERNATION	AL DRIVE.								

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90042 015 ***150.00



Principal Place	of Business	Mailing Address						
•	ONAL DRIVE. SUITE #112	6233 INTERNATIONAL DRIVE	e. Suite	# 112				
ORLANDO FL 32819		ORLANDO FL 32819			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					07/24/1990			
	/ Duringer	2a. Mailing Address		<u> </u>	4. FEI Number	Ap	plied For	
2. Principal Pla	ace of Business	26			59-3040134	No	t Applicable	
Suite, Apt. #	f ata	Suite, Apt. #, etc.	_		5. Certificate of Status Desired	\$8.75		
	r, etc.	27			5. Certificate of Status Desired	Fee Re	<u> </u>	
22 City & State		City & State			- 6Election Campaign Financing		May Be	
 1		28			Trust Fund Contribution Added to Fees			
Zip Country		Zip Country		ntry	8. This corporation owes the current year Intangible			
24	25		30		Personal Property Tax. 10. Name and Address of New Registered			
<u></u>	9. Name and Address of Current	Registered Agent		04 North	10. Name and Address of New Registerou	Agom		
				81 Name				
	SS, TIMOTHY			82 Street Address (P.O. Box Number is Not Acceptable)				
	INTERNATIONAL DRIVE							
ORLA	ANDO FL 32819			83				
				84 City	Fi	85 Zip	Code	
					for the number of	f obanging its	registered	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	bove-named corp t by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	intment as re	egistered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	ions of, Section 607.0505, Flo	rida Stat	utes.			i	
*: C. L. T. L. D. F.					DATE			
SIGNATURE	Signature, typed or printed name of registered agent	Cond the experience		Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
12.	OFFICERS ANI	D DIRECTORS DELETE	13.	ПЕ	Apprilondedimento	Change	☐ Addition	
TITLE	PD	_		AME				
NAME	KAZUO KANAUMI,HWANAM KII	M		TREET ADDRESS				
STREET ADDRESS	1-12-16 NISHIKATA BUNKY.		1	ITY-ST-ZIP				
CITY-ST-ZIP	TOKYO, JAPAN	☐ DELETE	2.1 T			Change	☐ Addition	
TMLE	VD		1	IAME				
NAME	HIDEO KANAUMI, YOUNG-NAM			TREET ADDRESS			*	
STREET ADDRESS	1-1-1 NISHIKATA BUNKYOKU			CITY-ST-ZIP				
CITY-ST-ZIP	TOKYO, JAPAN	DELETE		TITLE		Change	- Addition	
TITLE	SD CAME			IAME				
NAME	YUKIO KANAUMI,HEANG-CAM			STREET ADDRESS				
STREET ADDRESS				CITY-ST-ZIP				
CITY-ST-ZIP	TOKYO, JAPAN	DELETE		ITTLE		☐ Change	Addition	
TITLE	TD KANALINALKWANG NA	_		NAME				
NAME	MITSUO KANAUMI,KWANG-NA	M		STREET ADDRESS				
STREET ADDRESS				CITY-ST-ZIP	-			
CITY-ST-ZIP	TOKYO, JAPAN	☐ DELETE	_+	TITLE		Change	Addition	
TITLE				NAME				
NAME				STREET ADDRESS	•			
STREET ADDRESS				CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1	TITLE		☐ Change	e Addition	
TITLE			6.2	NAME				
NAME			6.3	STREET ADDRESS				
STREET ADDRESS	5			CITY-ST-ZIP				
1	1		VT					

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 607, 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.