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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P31336

(1)

1. Corporation Name

GRAND CYPRESS FLORIDA, INC.

Principal Place of Business

Mailing Address

60 GRAND CYPRESS BLVD.
ORLANDO FL 32836
US

60 GRAND CYPRESS BLVD
ORLANDO FL 32836-6733
US

3. Date Incorporated or Qualified

10/15/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

99-0282163

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YERGLER, JON C., ESQUIRE
LOWNDES, DROSDICK, DOSTER, KANTOR & REED
215 NORTH EOLA DRIVE
ORLANDO FL 32802

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

Signature, type 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 DP ☐ DELETE
NAME OSANO, MASAKUMI
STREET ADDRESS #12-4 KAMINOGE 2-CHOME SETAGAYA-KU
CITY-ST-ZIP TOKYO 158 JA

1.1 TITLE D/VP/T ☐ Change ☒ Addition
1.2 NAME Ebisawa, Mitsuzo
1.3 STREET ADDRESS 1245 North Park Ave.,
1.4 CITY-ST-ZIP Winter Park, FL 32789

TITLE DEVP ☐ DELETE
NAME TAKAHASHI, STANLEY
STREET ADDRESS 905 KAPOHO PLC
CITY-ST-ZIP HONOLULU HA

2.1 TITLE D/VP ☐ Change ☒ Addition
2.2 NAME Kochi, David L.
2.3 STREET ADDRESS One North Jacaranda, Suite 2031
2.4 CITY-ST-ZIP Orlando, FL 32836

TITLE DS ☐ DELETE
NAME MATSUMOTO, HISASHI
STREET ADDRESS 1717 MOTT-SMITH DR., #2414
CITY-ST-ZIP HONOLULU HA

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Yamanishi, Tetsuro
3.3 STREET ADDRESS #11-14, Suzugaya 3-chome,
3.4 CITY-ST-ZIP Yono-city, Saitama, Japan

TITLE DVP ☐ DELETE
NAME HAYAKAWA, GEORGE
STREET ADDRESS 1040 LUNALILO ST, PH 3
CITY-ST-ZIP HONOLULU HA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SVP ☒ DELETE
NAME RICE, DAVID
STREET ADDRESS 9036 CHARLES E LIMPUS RD
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME ISHIBASHI, MASATSUGU
STREET ADDRESS 11318 WINSTON WILLOW COURT
CITY-ST-ZIP WINDEREMERE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

[Signature] REQUIRED
MITSUZO Ebisawa, D/VP/T OFFICER OR DIRECTOR

01/06/97

407-239-1951

Date

Daytime Phone #

CR2E034 (9/96)