

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90108 050 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P31336

1. Corporation Name

GRAND CYPRESS FLORIDA, INC.

Principal Place of Business

60 GRAND CYPRESS BLVD.  
ORLANDO FL 32836  
US

Mailing Address

60 GRAND CYPRESS BLVD  
ORLANDO FL 32836  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1990

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME OSANO, MASAKUNI  
STREET ADDRESS #12-4 KAMINOGE 2-CHOME SETAGAYA-KU  
CITY-ST-ZIP TOKYO 158 JA

TITLE DEVP ☐ DELETE

NAME TAKAHASHI, STANLEY  
STREET ADDRESS 905 KAPOHO PLC  
CITY-ST-ZIP HONOLULU HA

TITLE DS ☐ DELETE

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

TITLE DVP ☐ DELETE

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

TITLE D ☐ DELETE

NAME YAMANISHI, TETSURO  
STREET ADDRESS #11-14 SUZUGAYA 3 CHOME  
CITY-ST-ZIP YONO CITY SA

TITLE DVP ☐ DELETE

NAME KOCHI, DAVID  
STREET ADDRESS ONE NORTH JACARANDA, #2031  
CITY-ST-ZIP ORLANDO FL 32836

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 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.

SIGNATURE: Mitsuzo Ebisawa, VP/Treasurer 01/11/99 407-239-1951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)