

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000006750 (3)

1. Corporation Name

LITTLE TOKYO OF BRANDON TOWN CENTER, INC.



Principal Place of Business

14497 NORTH DALE MABRY HWY.
SUITE 201
TAMPA FL 33618
US

Mailing Address

14497 NORTH DALE MABRY HWY.
SUITE 201
TAMPA FL 33618
US

2. Principal Place of Business

21 809 BRANDON TOWN
SUITE, APT. #, etc. CTR.

22 202
City & State

23 BRANDON, FL.

24 33511
Zip

25 Hills.
Country

2a. Mailing Address

26 718 SAILFISH DR.

Suite, Apt. #, etc.

27
City & State

28 BRANDON, FL.

29 33511
Zip

30 Hills.
Country

3. Date Incorporated or Qualified
11/19/1992

3a. Date of Last Report
04/07/1995

4. FEI Number

59-3152752

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

9. Name and Address of Current Registered Agent

WU, DONG J
14499 NORTH DALE MABRY HIGHWAY
SUITE 130 GRAND PLAZA
TAMPA FL 33618

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 of person making change of registered agent or office

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WU, DONG J
STREET ADDRESS 14499 N. DALE MABRY HWY, SUITE 130
CITY, ST, ZIP TAMPA FL 33618 ☐ DELETE

TITLE SD
NAME WU, YOLANDA
STREET ADDRESS 3309 CHEVIOT DR.
CITY, ST, ZIP TAMPA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP ☐ Change ☐ Addition

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

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

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

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)