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04-29-1999 90171 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **P92000007425**

1. Corporation Name
NAPLES SUNRISE PROPERTIES, INC.



| | |
|---|---|
| Principal Place of Business 1285 AVENUE OF THE AMERICAS, 36TH FLOOR C/O TOMEN AMERICA, INC NEW YORK NY 10019 | Mailing Address 1285 AVENUE OF THE AMERICAS, 36TH FLOOR C/O TOMEN AMERICA, INC NEW YORK NY 10019 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/25/1992 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 13-3741487 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOBAYASHI, TADASHI | 1.2 NAME | McCarthy, James |
| STREET ADDRESS | 1285 AVENUE OF THE AMERICAS, 36TH FLOOR | 1.3 STREET ADDRESS | 1285 Avenue of the Americas, 36th Fl |
| CITY-ST-ZIP | NEW YORK NY 10019 | 1.4 CITY-ST-ZIP | New York, NY 10019 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCCARTHY, JAMES | 2.2 NAME | Umeki, Atsuo |
| STREET ADDRESS | 1285 AVENUE OF THE AMERICAS, 36TH FLOOR | 2.3 STREET ADDRESS | 1285 Avenue of the Americas, 36 Fl |
| CITY-ST-ZIP | NEW YORK NY 10019 | 2.4 CITY-ST-ZIP | New York, NY 10019 |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARAIA, JOHN | 3.2 NAME | Mushika, Hideki |
| STREET ADDRESS | 1285 AVENUE OF THE AMERICAS, 36TH FLOOR | 3.3 STREET ADDRESS | 1285 Avenue of the Americas, 36 Fl |
| CITY-ST-ZIP | NEW YORK NY 10019 | 3.4 CITY-ST-ZIP | New York, NY 10019 |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUSHIKA, HIDEKI | 4.2 NAME | Maraia, John |
| STREET ADDRESS | 1285 AVENUE OF THE AMERICAS, 36TH FLOOR | 4.3 STREET ADDRESS | 1285 Avenue of the Americas, 36 Fl |
| CITY-ST-ZIP | NEW YORK NY 10019 | 4.4 CITY-ST-ZIP | New York, NY 10019 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | (See attached list for Directors) |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 endorsements.

SIGNATURE: James McCarthy, President *[Signature]* 4/13/99 212 397 5808
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

P92000007425
446913-90171-26

LIST OF DIRECTORS
For Florida Subsidiary Companies

Naples Sunrise Properties, Inc.

Director: McCarthy, James
c/o Tomen America, Inc.
1285 Avenue of the Americas, 36 Fl
New York, NY 10019

Director: Oshima, Shuzo
c/o Tomen America, Inc.
1285 Avenue of the Americas, 36 Fl
New York, NY 10019

Director: Maraia, John
c/o Tomen America, Inc.
1285 Avenue of the Americas, 36 Fl
New York, NY 10019