

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

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

3. Date Incorporated or Qualified <b>11/25/1992</b>	4. FEI Number <b>13-3741487</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	25. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION FL 33324**

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