

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 29 1997 8:00am
Secretary of State

DOCUMENT # P92000010971 (9)

1. Corporation Name
ADAMS JAPAN, INC.



Principal Place of Business
**625 BRIDGERS AVENUE. WEST
AUBURDALE FL 33823
US**

Mailing Address
**P.O. BOX 37
AUBURDALE FL 33823-0037
US**

3. Date Incorporated or Qualified
12/09/1992

3a. Date of Last Report
02/20/1996

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
89-3156048

Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23

City & State
28

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24

Country
25

Zip
29

Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MOORE, EDWARD C.
625 BRIDGERS AVE W.
AUBURDALE FL 33823**

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABE, TOSHIYUKI	1.2 NAME	
STREET ADDRESS	7-8 TACHIBANA 4-CHOME	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMIDA-KU TOKYO 131, JAPAN	1.4 CITY-ST-ZIP	
TITLE	PASD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUFORD, JAMES E	2.2 NAME	
STREET ADDRESS	625 BRIDGERS AVE W	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURDALE FL	2.4 CITY-ST-ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABE, ISAO	3.2 NAME	
STREET ADDRESS	7-8 TACHIBANA 4-CHOME	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUMIDA-KU TOKYO 131, JAPAN	3.4 CITY-ST-ZIP	
TITLE	VPAD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APLIN, DAVID F.	4.2 NAME	
STREET ADDRESS	625 BRIDGERS AVE W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURDALE FL	4.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABE, TAKAAKI	5.2 NAME	
STREET ADDRESS	7-8 TACHIBANA 4-CHOME	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUMIDA-KU TOKYO 131 JAPAN	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE EDWARD C	6.2 NAME	
STREET ADDRESS	625 BRIDGERS AVE W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURDALE FL	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-97

CR2E034 (9/96)