FILE NOW; FILLIG FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



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

1996

**DOCUMENT #** 

P93000009194 (0)

күот	O JAPANESE RESTAURA	ANT, INC.			
Principa! Place	of Business	Mailing Address			[### 0011
1519 MAIN ST. Sarasota fl 34236		2061 LAUREL DR. MIDDLEBURG FL 32068-5033 US			
				3. Date incorporated or Qualified 02/01/1993	3a. Date of Last Report 06/28/1995
2. Principal Pla	ace of Business	2a. Maling Address 26		4. FEI Number 65-0384016	Applied For Not Applicable
Suite, Apt. #	¥, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Flection Campaign Financing     Trust Fund Contribution	□ \$5.00 May Be
Ζφ <b>24</b>	Country 25	Z <sub>1</sub> p	Country 30	8. This corporation has lability for	intangille tax under s. 199.032,
•	9. Name and Address of Curr		[30]	Florida Statutes Yes  10. Name and Address of New I	- <b>T</b> -
			81 Name	To. Hame and Radiess of Hear	riegistered Agent
	TAKATOSHI ST DUVAL ST.		82 Street Add	ress (P.O. Box Number is Not Acceptal	blej
	ONVILLE FL 32202		83		
			84 City		85 Zip Code
familiar witi	ad agent, or both, in the State of File h, and accept the obligations of, Se Signature, bred or profits one of regressed ag	orda Such change was authorization 607.0505, Florida Statutes	90 by the corporation's boa	ration submits this statement for the purific of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am
12.		IND DIRECTORS	13.	·	FIGERS AND D/RECTORS IN 12
TITLE	D	☐ DÉLETE	1 1 TITLE		Change Addition
NAME	YANO, TAKATOSHI		1.2 NAME		
STREET ADDRESS	25 W. DUVAL ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		1.4 C(TY - ST - Z(P)		
TITLE	D	☐ DELETE	2 1 TITLE		Change Addition
NAME STREET ADDRESS	YANO, NOBU 25 W. DUVAL ST.		2.3 STREET ADDRESS		
Cify-SI-ZiP	JACKSONVILLE FL 32202		2 4 CITY - ST - ZIP		
TITLE		☐ DELEJE	3 1 TITLE		Change 🔲 Addition
NAME STREET ADDRESS			3 2 NAME		
CITY-ST-ZIF			3.3 STREET ADORESS		
TITLE		☐ DELETE	3 4 CITY - ST - ZIP 4 1 TITLE		Change Addition
NAME		ш	4.2 NAME		Change Addition
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-Z:P	70000179	39947
TITLE		DELETE	5 1 TITLE	<del></del>	199-043 Change Addition
NAME			5.2 NAME	***200.00	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADOPESS		
CITY-ST-ZIP			6.4 CITY - ST - 7IP		

14. Ido hereby certify that the information supplied with this filing 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 this corporation or the reserver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

SAN PORE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR