

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90229 017 ***150.00

DOCUMENT # P93000037808

1. Corporation Name

OSHIRO TRADING COMPANY INC



Principal Place of Business

Mailing Address

1725 SW 3RD PLACE
CAPE CORAL FL 33991

1725 SW 3RD PLACE
CAPE CORAL FL 33991

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1993

4. FEI Number

65-0415808

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1052 S.E. 20TH CT.

2a. Mailing Address

26 1052 S.E. 20TH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CAPE CORAL FL.

City & State

28 CAPE CORAL FL.

Zip

Country

24 33990

25

LEE

Zip

Country

29 33990

30

LEE

9. Name and Address of Current Registered Agent

POOLE, DAVID
1725 SW 3RD PLACE
CAPE CORAL FL 33991

10. Name and Address of New Registered Agent

81 Name

David Poole

82 Street Address (P.O. Box Number is Not Acceptable)

1052 S.E. 20TH CT.

83

84 City

CAPE CORAL

FL

85 Zip Code

33990

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME POOLE, DAVID
STREET ADDRESS 1725 SW 3 PLACE
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE ☐ DELETE
NAME POOLE, DAVID
STREET ADDRESS 1052 S.E. 20TH CT.
CITY-ST-ZIP CAPE CORAL, FL. 33990

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-99

Date

941-458-1704

Daytime Phone #

CR2E034 (1/98)