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

DOCUMENT # P93000055368 (3)

KOZAWA MURAKAMI ASSOCIATES, INC.

FILED Apr 29 1997 8:00am Secretary of State

Principal Plac	•	Mailing Address 1051 HICKORY TER				
BOCA RATON		BOCA RATON FL 33486-5	575			
'					3. Date Incorporated or Qualified 08/05/1993	3a. Date of Last Fleport 08/05/1996
}	Nace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt	#. etc.	Suite. Apt. #, etc.			65-0429023	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	6	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	r		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Z _I p	Country	У	8. This corporation has liability for in	ntangible tax under s. 199.032, Yes [] No
24]	9. Name and Address of Curren	29 nt Registered Agent	30		Florida Statutes 10. Name and Address of New Rec	
KOZ	ZAWA-MURAKAMI, SUSAN		81	Name	10, Hame and Addison of Notificial	Jistorea Agent
	1 HICKORY TERRACE		82	Stroot Add	ress (P.O. Box Number is Not Acceptable	lo)
	CA RATON FL 33486			- Direct ridd	Toss (1.0. Dox Humber is Not Acceptable	
			83			
1			84	City		85 Zip Code
44 Durament	to the provisions of Continue CO7 DEC	O and COZ 1500 Florida Ptal. I				FL 85 Zip Code
office or r	registered agent, or both, in the State	of Florida Such change was	es, the abov	y the corpora	poration submits this statement for the pi tion's board of directors. I hereby accep	t the appointment as registered
	im tamiliar with, and accept the obliga	alions of, Section 607.0505, Fi	onda Statute	\$.		
SIGNATURE	Signature typed or printed name of registered age	ent and title if applicable. (NOT	f : Registered Ag	ent signature requ	ired when reinstating)	DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D D	DELETE 1.171		Ì		☐ Change ☐ Addition
NAME STREET ADDRESS	MURAKAMI, SUSAN K 1051 HICKORY TER		1,2 NAME			
CITY-ST-ZIP	BOCA RATON FL 33486		1,3 STREE	I ADDRESS		
TITLE	D	DELETE 2.11		\$1-ZIP		Change Addition
NAME	MURAKAMI, DONALD		2.2 NAME			
STREET ADDRESS	1051 HICKORY TER		2.3 STREET	T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		2 4 CHY-	ST-ZIP		
TITLE		DELETE	3 1 THLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREE	I ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY -	S1-ZIP		
NAME			4.1 TITLE 4.2 NAME			☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET	I ADDRESS		
CITY-ST-ZIP			4.5 STREET	l l		
TITLE		DELETE	5.1 TO LE	71 £11		Change Addition
NAME			5.2 NAME			_ • •
STREET ADDRESS			5.3 STREET	ADDRESS	,	
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP	•	
TITLE		DELETE	6.1 TITLE			Change Addition

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 of 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 recept it or trusted empowered to execute this report as if quired by Chapter 607, Florida Statutes; and that my name annears in Block 12 or Block 13 if changed, or on an attackment with an address.

6.2 NAME

STREET ADDRESS