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

CORPORATION ANNUAL REPORT

1998

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000012473 (2)

RESTAURANT HAPPY COAT, INC.

Country

9. Name and Address of Current Registered Agent

25

TAKUYA YOSHIDA 519 BUNKERS COVE RD.

XXINEXX

		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/15/1994	
Principal Place of Business	Mailing Address		
301 CHERRY ST PANAMA CITY FL 32401	301 CHERRY ST PANAMA CITY FL 32401		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3240607	Not Applica
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be

Zip

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TE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required **\$5.00** May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible XX Yes

Personal Property Tax due June 30.

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

10. Name and Address of New Registered Agent

**FILED** 

Jan 23 1998 8:00am

Secretary of State

83 PANAMA CITY FL 32401 City Zip Code 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

Country

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agent. I ai	m familiar with, and accept the obligations of, Section 607.	0505, Florida Statutes.	
SIGNATURE		#1077 O 1 1 1 1 1 1	
12,	Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS	(NOTE: Registered Agent signature	re required when relinatating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		LETÉ 1,1 TOTLE	Change Add
NAME	YOSHIDA, TAKUYA	1.2 NAME	
STREET ADDRESS	519 BUNKERS COVE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	1.4 CITY-ST-ZIP	
TITLE	D DE		Change Add
NAME	YOSHIDA, MINAKO	2.2 NAME	
STREET ADDRESS	519 BUNKERS COVE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	2.4 CITY-ST-ZIP	
TITLE	DE DE		Change Addi
NAME	••	3.2 NAME	onlingo room
STREET ADORESS		3.3 STREET ADDRESS	
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NAME	<u> </u>	4. 2 NAME	
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NAME	<u> </u>	5,2 NAME	I tradi
		<b>1</b>	
STREET ADDRESS		5.3 STREET ADDRESS	
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	L. 95		Strange Ly Addi
NAME		G.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP (		■ 6.4 CITY-ST-ZIP	1

Thereby 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:

185.8815