

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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P94000012798 (2)**

1. Corporation Name  
**ONE WORLD TAIKO, INC.**

Principal Place of Business  
**10178 POINTVIEW COURT  
ORLANDO FL 32836  
US**

Mailing Address  
**P.O. BOX 22777  
LAKE BUENA VISTA FL 32830-2777**



2. Principal Place of Business	2a. Mailing Address
21 6713 W. 53rd Avenue Suite, Apt. #, etc.	26 6713 W. 53rd Avenue Suite, Apt. #, etc.
22 City & State 23 Arvada, CO 24 Zip 80002 25 Country US	27 City & State 28 Arvada, CO 29 Zip 80002 30 Country US

3. Date Incorporated or Qualified <b>02/07/1994</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>59-8223210</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRADFORD, CARTER A  
130 HILLCREST ST.  
SUITE 310  
ORLANDO FL 32801**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> DELETE
NAME	<b>TSUJIMOTO, GARY S</b>
STREET ADDRESS	<b>10178 POINTVIEW COURT</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>OZAKI, NANCY J</b>
STREET ADDRESS	<b>10178 POINTVIEW COURT</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Tsujimoto, Gary S</b>
1.3 STREET ADDRESS	<b>6713 W. 53rd Avenue</b>
1.4 CITY - ST - ZIP	<b>Arvada CO 80002</b>
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Ozaki, Nancy J</b>
2.3 STREET ADDRESS	<b>6713 W. 53rd Avenue</b>
2.4 CITY - ST - ZIP	<b>Arvada CO 80002</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

*Gary S. Tsujimoto* **GARY S. TSUJIMOTO** 4/24/97 (303) 422-4045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)