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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

• 1998 DIVISION OF CORPORATIONS							
DOCU 1. Corporation	MENT # P9400	0044795 (0)					
TCF SC	OUTHEAST, INC.						
						A MARINARA NYA YANYA BURNI ARAN ARANG ARANG ARANG ANTAN ANTAN ARANG MARINA NANGA BURNI BURNI MARIN	
Principal Place of Business Mailing Address						t (dated) til fant mint date delt bate dett bede digit imple feret ett (484	
201 EAST PINE ST.		201 EAST PINE ST.					
SUITE 1200 ORLANDO FL 32801		SUITE 1200 Orlando fl 32801			DO NOT WRITE IN THIS SPACE		
]						3. Date Incorporated or Qualified	
O. Disabel Disabel Disabel					·	06/15/1994	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For Not Applied be Not Applie		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S8.75 Additional		
22		27			5. Certificate of Status Desired Fee Required		
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	<del></del>			Trust Fund Contribution Added to Fees	
Zip	Country	Zip		intry		8. This corporation owes or has paid the current year Intangible	
24	25 29 30 30 9. Name and Address of Current Registered Agent			1		Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent	
PRICE, PAMELA O				81	Name		
201 E. PINE ST.				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	SUITE 1200				Oli eel Au	dress (F.O. DOX Multiper is Not Acceptable)	
ORLANDO FL 32801				83			
				84	City	■■ 85 Zip Code	
						<b></b>	
l office or r	egistered agent, or both, in the Stat	e of Florida. Such change was	authorized	d by t	named cor he corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obliq	gations of, Section 607.0505, FI	orida Stat	utes.	,		
SIGNATURE	Signature, typed or printed name of registered ac	ON) eldapilone is alth bots tour	IF: Registerer	foenA h	Signature requ	uired when reinstating) DATE	
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 10	1.1 TITLE		DTS Change 🔀 Addition	
NAME	FUJITA, SENJI		1.2 NAME			ADOM ITUY	
STREET ADDRESS						201 E. PINE ST., # 1200	
CITY-ST-ZIP	ORLANDO FL 32801			TY-ST-	ZIP (	ORLANDO, FL 32801	
TITLE	dp Takai, Yoshimi	☐ DELETE	2.1 TITLE 2.2 NAME		ł	L] Change L_ Addition	
NAME Street address			_,		)Daree		
CITY-ST-ZIP	ANI ALIDA EL DOGGA			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE	DV DV	DELETE	3.1 TITLE		- 24	Change Addition	
NAME	WIENER, WILLIAM J	_	3.2 NAME		}		
STREET ADDRESS	201 E. PINE ST., #1200			REET AC	DDRESS		
CITY-ST-ZIP	ORLANDO FL 32801			TY-ST-	ZIP		
TITLE	DS	DELETE	4,1 11	LE		Change Addition	
NAME	KAWAI, KOICHI		4. 2 NAME		Į	İ	
STREET ADDRESS				REET AC			
CITY-ST-ZIP			TY-ST-	ŽIP	☐ Change ☐ Addition		
TITLE NAME				5.1 TITLE 5.2 NAME		L Change L Addition	
STREET ADDRESS				ime Reet ac	nDB466		
CITY-ST-ZIP				NEEL AL IY-ST-1			
TITLE		DELETE	6.1 TIT		-	Change Addition	
NAME			6.2 NA				
STREET ADDRESS			6.3 \$T	REET AD	DRESS		

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 acquait 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 of 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 or an attachment with an laddress.

(z1z)

**FILED** 

Mar 03 1998 8:00am

Secretary of State