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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000078886 (6)

TOKYO BAY RESTAURANT, INC.

FILED Feb 16 1998 8:00am Secretary of State

Principal Plac	a of Rusiness	Mailing Address						
5901 SUN BLVD 5901 SUN BLVD								
STE 121,122	URG FL 33715	STE 121-122 ST PETERSBIRG FL 33715				DO NOT WRITE	IN THIS SPACE	
US		US				3. Date Incorporated or Qualified		
						10/26/1994		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		For
21		26				59-3273606	Not Appl	
Suite, Apt. #, etc.		Suite, Apt. #, e	27			5. Certificate of Status Desired	\$8.75 Addition	
City & State		City & State				6. Election Campaign Financing	\$5.00 May E	3e
23		28				Trust Fund Contribution	Added to Fee	
Zip	Country	Ζ φ>	· · · · · · · · · · · · · · · · · · ·	Country		8. This corporation owes or has pa	- -	0
24	25	[29]	30			Personal Property Tax due June		
	9, Name and Address of Curren	t Registered Agent		61	Na-es	10. Name and Address of New Re	gistered Agent	
	CKSON, ELIZABETH			P'	Name			
5029 29TH AVE S				82	Street A	Address (P.O. Box Number is Not Acceptate	ole)	
ST	PETERSBURG FL 33707			83				
				63				
				84	City		85 Zip Code	
			-a:				FL 60 Especial	
office or I agent. I a SIGNATURE	egistered agont, or both, in the State in familiar with, and accept the obligation of regularist age.					corporation submits this statement for the poration's board of directors. I hereby acception and the reinstating of the reinsta	ot the appointment as registe	ered
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELLE	TE 1	.1 TOTLE			Change /	Addition
NAME	SONOGI, EUI		1	1.2 NAME				
STREET ADDRESS	5029 29TH AVENUE SOUTH	T. I		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33707			1.4 CITY - ST - ZIP				
TITLE	D DELETE		1E 2	2 1 TITLE			☐ Change ☐ A	Addition
NAME	JACKSON, ELIZABETH J		2	2 NAME	i			
STREET ADDRESS	5029 29TH AVENUE SOUTH		2	3 STREET	ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33707			2 4 CITY+ST-ZIP				
TITLE		☐ DELE	TE 3	1 TITLE			☐ Change ☐ A	Addition
NAME			3.	2 NAME				
STREET ADDRESS			3	3 STREET	address			
CITY-S1-ZIP			3.4. CITY- ST- ZIP					
TITLE		☐ DELETE		4.1 TITLE			Change A	Addition
NAME			4.	. 2 NAME	- 1			
STREET ADDRESS	•		4	.3 STREET	ADDRESS			
CITY-ST-ZIP				4 CHY-S	r - ZIP			
TITLE		DELE	TE 5	1 TITLE	I		☐ Change ☐ A	Addition

14. Thereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

63 STREET ADDRESS

SIGNATURE: The aber I gad

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

2-10-98

PERM (1007)

☐ Addition