

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000080931 (6)

1. Corporation Name

ATSUME OF TOKYO, INC.



Principal Place of Business

Mailing Address

**12000 DUNMORE CT
ORLANDO FL 32821**

**12000 DUNMORE CT
ORLANDO FL 32821**

2. Principal Place of Business

2a. Mailing Address

21 **6935 Municipal Dr**

26 **6935 Municipal Dr**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 **Orlando, Fla**

28 **Orlando, Fla**

24 Zip **32819**

25 Country **U.S.A**

29 Zip **32819**

30 Country **U.S.A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIYASHITA, TAKEHIKO
12000 DUNMORE CT
ORLANDO FL 32821**

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

6/10/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
 NAME **MIYASHITA, TAKEHIKO**
 STREET ADDRESS **12000 DUNMORE CT**
 CITY-ST-ZIP **ORLANDO FL 32821**

11 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
 NAME **MIYASHITA, EMIKO**
 STREET ADDRESS **12000 DUNMORE CT**
 CITY-ST-ZIP **ORLANDO FL 32821**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

15 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

16 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TAKEHIKO
MIYASHITA**

6/10/96

407-354-0860

DATE

Daytime Phone #

CR2E034 (3/96)