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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

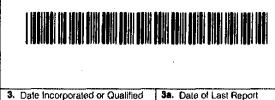
DOCUMENT # P9500000517 (9)

FURUKAWA & ASSOCIATES, INC.

Principal Place of Business 5151 ADANSON \$T SUITE 109 ORLANDO FL 32804 Mailing Address

5151 ADANSON ST SUITE 108 ORLANDO FL 32804-1315

FILED May 01 1997 8:00am Secretary of State



				01/03/1995	05/01/19	96
h	lace of Business	2a. Mailing Address	al Pli	4. FEI Number		Applied For
21 350			orant Blu	□ 59-3306317		Not Applicable
Suite, Apl.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.75 Additional ee Required
City & State	9	City & State	, <u>)</u>	6. Election Campaign Financing	\$5	5.00 May Be
23 (Y	lando FC	28 Crango	o rc	Trust Fund Contribution	Ac	dded to Fees
70220	Country C	- Zip 27 8/14	Country	8. This corporation has liability for		ider s. 199.032,
24 5 6	25 USA		M USA		Yes No	
	9. Name and Address of Curren	i Hedisteled Adeur	81 Name T	10. Name and Address of New R	egistered Agent	
FURUKAWA, DANIEL 5151 ADANSON ST SUITE 108 ORLANDO FL 32804			Furukawa , Daniel			
			82 Street Address (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32804		63	or Oran wind		
			84 City	dada	FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the	purpose of chang	ging its registered
office or r	registored agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au	uthorized by the corpora	ation's board of directors. I hereby acce	ept the appointme	int as registered
SIGNATURE	The state of the state of the oblige		common special participation of the common special participation o			
SIGNATURE	Signalize Type dior pointed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature recu		DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		
TITLE	D	☐ DELETE	1.1 TITLE		. Ch	nange
NAME	FURUKAWA, DANIEL		1.2 NAME			
STREET ADDRESS	3501 GRANT BLVD		13 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL	T DELETE	14 CiTY-ST-ZiP		TTA:	The state of the s
TITLE	D	☐ DELETE	2 1 TITLE		☐ Ch	nange Addition
NAME	FURUKAWA, DONNA		2.2 NAME			
STREET ADDRESS	3501 GRANT BLVD		2.3 STREET ADDRESS			
CITY-ST-7P	ORLANDO FL	☐ DELETĘ	2. 4 C/TY - ST - Z/P 3.1 T/TL€		Ch Ch	nange Addition
NAME	·		3.2 NAME		<u></u>	ango
STREET ADDRESS			3.3 STREET ADDRESS			
			3.4. CITY-ST-ZIP			
CITY-ST-ZIP		DELETE	4.3 TITLE		Ch	nange Addition
NAME		_	4. 2 NAME			• –
STREET ADORESS			4.3 STREET ADDRESS			
CiTy+ST-ZiP			4.4 CITY-ST-ZIP			
TOLE		☐ DELETE	5.1 TITLE		☐ Ch	nange Addition
NAME.			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
D-TY+ST-ZiP			5 4 CITY-ST-ZIP			
10(1		DELETE	6.1 TITLE		☐ Ch	nange
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CHY-S1-702			6 4 CITY - ST - ZIP			
14. I do here	by certily that the information supplier	d with this fling does not qualify	for the exemption state	ed in Section 119.07(3)(i), Florida Statut	tes. I further certif	y that the

I do hereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual/report or supplied entating and 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 product or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, of on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR DAVIS AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR DIRECTOR