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604 S. DAKOTA AVE. TAMPA FL 33606-2504

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

604 S. DAKOTA AVE.

TAMPA FL 33606

CHTY+ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500002816 (3)

ANTARES VII INVESTMENTS, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 07/15/1996 01/11/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For APPLIEUTP 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ζıp Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes
No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KIMURA, HITOSHI J 111 W FORTUNE ST 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 84 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 farm ar 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE 1 1 TITLE KIMURA, HITOSHI J NAMI 1.2 NAME CR2E034 604 S. DOKOTA AVE. 604 S. DAKOTA AVENUE 1.3 STREET ADDRESS STREET ADDRESS **TAMPA** CITY - ST-ZIP 1.4 CITY-S1-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition THILE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Addition Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5.4 CITY - ST - ZIP DELETE Change Addition, THILE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS. 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

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

OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.