## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1, Corporation	MENT # <b>P950</b>	000055595	(9)	   18811881 148 16191 81111 81111 8011	1 8811) 86181 8184 81181 818	it leisi sin issi
Principal Place of Business Mailing Address						
15175 GULF Madeira be	BLVD EACH FL 33708	15175 GULF BLVD MADEIRA BEACH				
2 Procinal D	lage of Duninger			Date Incorporated or Qualified 07/17/1995	3a. Date of Last F	Report
1	Principal Place of Business 2a. Mailing Addre			4. FEI Number 59 33 33 75	a	Applied For
Suite, Apt.	Suite, Apt. #, etc Suite, Apt. #,		).	5. Certificate of Status Desired	¢0 71	Not Applicable  Additional
City & State		City & State		Fee Required		Required
Zip	Country	28		Trust Fund Contribution		0 May Be d to Fees
	25	Ζιρ <b>29</b>	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s	199.032,
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New R		
KATO, RAIF Y 15175 GULF BLVD				81 Name		
			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
MADEIR	A BEACH FL 33708		83			
			84 City		- 85 Zig	Code
Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, Florida Sta	atutes, the above-named corp	oration submits this statement for the purpler of directors. Thereby account the good		
GNATURE .	in, and accept the obligations of, S	Section 607.0505, Florida Statu	orized by the corporation's bo ites.	oration submits this statement for the purp pard of directors. I hereby accept the appo	intment as registered	agent. I am
	Signature, typed or printed name of registered a OFFICE'RS	agent and title if applicable AND DIRECTORS	(NOTE Registered Agent signature requ		DATE	
l F	D	DELETE	13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFI		
ME	KATO, RAIF Y		1.2 NAME		☐ Change	Addition
HEET ADDRESS Y-ST-ZIP	15175 GULF BLVD MADEIRA BEACH FL 3370	<b>Ω</b>	13 STREET ADDRESS			
1-31-2IP	MUDERIA DEVOLLE 33/0	DELETE	1.4 C/TY - ST - Z/P			
ME		וון מנונית	2 1 TITLE 22 NAME		Change	Addition
EE1 ADDRESS			2.3 STREET ADDRESS			
Y - ST - ZIP			24 DITY-ST-ZIP			
E I		DELETE	3 1 TITLE		Change	Addition
EET ADDRESS			32 NAME			
-ST-ZIP			3.3. STREET ADDRESS			
E		DELETE	3.4 CITY-ST-ZIP 4. 1 TITLE			
E.			4.2 NAME		Change	☐ Addition
FT ADDRESS			4 3 STREET ADDRESS			
-SI-ZIP	·····		4.4 DITY-ST-ZIP			
_		☐ DELETE	5 1 TITLE	•	☐ Change	Addition
E1 ADDRESS			5.2 NAME	·	<u> </u>	
-ST-ZIP			5.3 STREET ADDRESS			
31-211		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE			
F		FT ATTENT	6.2 NAME		☐ Change	☐ Addition
EL ADDRESS			6.3 STREET ADDRESS			
- ST - ZIP			6.4 CITY-ST-ZIP	for the exemption stated in Section 119.07		

RATE KATO 41-22.96 (813) 392.5046
SNING OFFICER OR DIRECTOR DESCRIPTION OF DESCRIPTION OF THE PROPERTY OF THE