

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000060976 (4)**

1. Corporation Name

LITTLE TOKYO OF SUPERMALL, INC.



Principal Place of Business

**14497 N. DALE MABRY HWY., STE. 201
TAMPA FL 33618**

Mailing Address

**14497 N. DALE MABRY HWY., STE. 201
TAMPA FL 33618**

3. Date Incorporated or Qualified

08/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1101 SUPER MALL WAY**

26 **3611 W. HILLSBOROUGH AVE**

4. FEI Number

59-3330089

Applied For

Not Applicable

State, Apt. #, etc.

22 **SUPER MALL STE 1028/FC10**

State, Apt. #, etc.

27 **SUITE # 218**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

23 **AUBURN, WA**

City & State

28 **TAMPA, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

24 **98001**

25 **USA**

Zip

Country

29 **33614**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WU, DONG J
14497 N. DALE MABRY HWY., STE. 201
TAMPA FL 33618**

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 607.1503, 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 of Registered Agent or Director)

(Signature of Registered Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

12.1	D	☐ DELETE
NAME	WU, DONG J	
STREET ADDRESS	14497 N. DALE MABRY HWY., STE. 201	
CITY-STATE-ZIP	TAMPA FL 33618	
12.2		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.3		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.4		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.5		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
2.1	TITLE	☐ Change ☒ Addition
2.2	NAME	S
2.3	STREET ADDRESS	YOLANDA WU
2.4	CITY-STATE-ZIP	14497 N. DALE MABRY HWY 201 TAMPA, FL 33618
3.1	TITLE	☐ Change ☐ Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-STATE-ZIP	
4.1	TITLE	☐ Change ☐ Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-STATE-ZIP	
5.1	TITLE	☐ Change ☐ Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-STATE-ZIP	
6.1	TITLE	☐ Change ☐ Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY-STATE-ZIP	

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. 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 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

YOLANDA WU

DATE

12-18-96 813-874-8818

Distance From

CR2E034 (12/95)