


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

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90017 020 ***450.00

0419527

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000098468

1. Corporation Name
TKM GLOBAL INVESTMENT INC.



Principal Place of Business 1401 N. MISSOURI AVENUE #128 LARGO FL 33770	Mailing Address 1401 N. MISSOURI AVENUE #128 LARGO FL 33770
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 679 HARBOR ISLAND Suite, Apt. #, etc. 22 City & State 23 CLEARWATER, FL Zip 24 33767	2a. Mailing Address 25 679 HARBOR ISLAND Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
---	--

3. Date Incorporated or Qualified 11/17/1997	4. FEI Number 59-3486770	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent REUSS, RALPH F III 1401 N. MISSOURI AVENUE #128 LARGO FL 33770
--

10. Name and Address of New Registered Agent 81 Name RALPH F. REUSS, III 82 Street Address (P.O. Box Number is Not Acceptable) 679 HARBOR ISLAND 83 84 City CLEARWATER FL 85 Zip Code 33767
--

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  1-10-99 DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	KUROSAWA, MASATO
STREET ADDRESS	1401 MISSOURI AVE, #128
CITY-ST-ZIP	LARGO FL 33770
TITLE	DST <input type="checkbox"/> DELETE
NAME	KUROSAWA, TAKETO
STREET ADDRESS	1401 N. MISSOURI AVE #128
CITY-ST-ZIP	LARGO FL 33770
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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 appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 1-27-99 DAYTIME PHONE # 727 2980742

CR2E034 (11/98)