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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000101504 (3)

FILED Feb 18 1998 8:00am Secretary of State

YOKOYAMA, INC.												
Principal Plac	ce of Business		Mailing	Address								9))(9 (0) 1 9()
1618 W. BAY	y Dr.	1618 \	1618 W. BAY DR.									
LARGO FL 3	33770	LARGO	LARGO FL 33770					DO NOT WRITE IN THIS SPACE				
								3.	Date Incorporated or Qualified	L 114 17 11.D C	JI FIOL	
									12/01/1997			
	Place of Busines	2a. Mail	2a. Mailing Address				4.	FEI Number			pplied For	
21 1	# -4-	26						·			lot Applicable	
Guite, Apt.	. #, etc.	├ ─┐	Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional legulred	
City & Stat	te	27 City	City & State					Election Campaign Financing				
23		⊢	28				0.	Trust Fund Contribution			May Be to Fees	
Zip		Country	Zip		Cou	ntry		8.	This corporation owes or has pa	aid the cur	ent year Ir	itangible
24	2		29		30				Personal Property Tax due June			☐ No
		nd Address of Cu	rrent Registered	Agent		81		10.	Name and Address of New Ro	gistered /	\gent	
	CKEY, WILLIA					01	Name					
	10 W. BAY D					Street Ad	ddress (P.O. Box Number is Not Acceptable)					
LA	RGO FL 3377											
							- <u></u> .					
						84	City			FL	85 Zip	Code
11. Pursuant	to the provision	s of Sections 607.	0502 and 607 15	08, Florida Statu	tes, the at	oove	-named co	orporatio	n submits this statement for the p	purpose of	changing	its registered
agent. La	registered ager am f <mark>am</mark> iliar with,	it, or boin, in the S , and accept the ol	oligations of, Sec	tion 607.05 <mark>05, F</mark>	autnorized Iorida Stat	o by utes	tne corpor i.	ration s t	poard of directors. I hereby acce	pi the app	ointment as	s registered
SIGNATURE												
40	Signature, typed or	printed name of registeres	agent and title it applied AND DIRECTOR			d Ager	nt signature rec			DATE	DIDECTO	00.0140
12. TITLE	D	OFFICENS	AND DIRECTOR	DELETE	13. 1.1 TO	fl F			ADDITIONS/CHANGES TO OFFI	CENS AND	Change	Addition
NAME] -	MA, TED Y			1.2 NA							
STREET ADDRESS		LE DR. W.			1.3 ST	REET A	ADDRESS					
CITY-ST-ZIP	LARGO FI	L 33770			1.4 0(1	TY-ST	r-ZIP					
TITLE				☐ DELETE	2.1 TIT	LE			 		Change	☐ Addition
NAME					2.2 NA	ME						
STREET ADDRESS					2.3 ST	REET /	ADDRESS					
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	T Lacrete	2. 4 CI		T-ZIP					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE				☐ DELETE	3.1 TIT					ı	L Change	Addition
NAME					3.2 NA							
STREET ADDRESS							ADDRESS					j
CITY-ST-ZIP TITLE				DELETE	3.4. CI 4.1 TIT	_	1-212				Change	☐ Addition
NAME					4. 2 N						onunge	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					4.4 CiT							
TITLE				☐ DELE TE	5.1 TIT						Ehange	Addition
NAME					5.2 NA	ME				1		/,~/
STREET ADDRESS					5.3 STF	REET A	ADDRESS			- \ <u>\</u>	////	78
CITY-ST-ZIP					5.4 CIT		- ZIP		· · · · · · · · · · · · · · · · · · ·	10	()	′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′
TITLE				☐ DELETE	6.1 TIT		1		en		Change	☐ Addition
NAME					6.2 NA				30000243 -02/19/980100	668 4°€ 1000	5.25 2	
STREET ADDRESS					1		ADDRESS			JZTTUS	5	į
CITY-ST-ZIP					6.4 CIT	Y-ST	-ZIP		***150.00			

14. Thereby 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 charged, or on an appear of the corporation of the receiver of the re

La Valama aliaba

CR2E034 (10/9