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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000012804

WATANABE KIYOHARU INC.

Principal Place of Business

Mailing Address

99 MAR - 5 PM 2: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA



3909 SUNBEAM JACKSONVILLE		3909 SUNBEAM ROAD #51 JACKSONVILLE FL 32257			DO NOT WRITE IN TH	IIS SPACE		
					3. Date Incorporated or Qualifed 02/09/1998			
2. Principal P	lace of Business	2a. Mailing Address 26	r—n		4. FEI Number 59 - 349 2138	⊢ →···	Applied For Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	¬ ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip [:	Country 30		This corporation owes the current year Intangible Personal Property Tax. [.] Yes []No			
	9. Name and Address of Currer	nt Registered Agent		g	10. Name and Address of New Registere	d Agent		
REES, JOHN B 3909 SUNBEAM ROAD #514 JACKSONVILLE FL 32257			81 82	Name Street Add	Address (P.O. Box Number is Not Accept apparate			
			84	Ĺ	NO		p Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auf	thorized by	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing i	its registered registered	
SIGNATURE	Signature, typed or printed name of registered age.	nt and bills if applicable (NOTE F	Registered Age	nt signature recions	ed when revistating) DATE			
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	FORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE			[] Change	e []Addition	
NAME	WATTAWABE KIYOHARU		1.2 NAME					
STREET ADDRESS	WATTANABE KIYOHARU 3909 SUNBEAM PD # 514. 13 FALKSONVILLE FL 322.57		13STREE	TADDRESS			j	
CITY-ST-ZIP	TALKSONVILLE	FL 322.57	14 CITY - S	T-ZIP			. ,	
TILE	VP	[] DELETE	21 TITLE		100002800			
NAME	JOHN B REES RD # 514. 23		22 NAME	1	-03/10/9301050022			
STREET ADDRESS	3909 SUNBEMU	70 3000	23 STREE	TADDRESS	****150.00) ***** *	150.00	
CITY-ST-ZIP	TACKSONVILLE	, re sums,	2 4 CITY-5	ST-ZIP			{	
TITLE	5. 1.—	☐ DELETE	3 1 TITLE			["] Change	e 🔲 Addition	
NAME.	KAY REES 3909 SUNBEA	WI DN # 514	3.2 NAME	{			Í	
STREET ADDRESS	3909 SUNDE		33 STREE	ADDRESS			į	
CITY-ST-ZIP	TACKSONVILLE		34 CITY-S	ST-ZIP				
TITLE		[] DELETE	4 1 TITLE			[] Change	e [] Addition	
NAME			4 2 NAME					
STREET ADDRESS			43STREE	TADDRESS			ļ	
CITY-ST-ZIP			44 CITY-S	1-2IP				
TITLE "	DELETE 51TI		51 TITLE			[] Change	e Addition	
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STREET ADDRESS			5 3 STREET	I ADORESS				
CITY-ST-ZIP			54 CITY - S	T-21P			J	
TITLE		☐ DELETE	6 1 TITLE			[]] Change	e [] Addition	
NAME			6.2 NAME	ļ			j	
STREET ADDRESS			63 STREE	ADDRESS			20	

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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

| SIGNATURE AND TYPED OR PRINTED VANE OF SIGNING OFFICER OF DIRECTOR.

02-151 99