


FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90102 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000037257 1. Corporation Name SUSHI RTA, INC.					
Principal Place of Business 4010 NW 67TH PLACE GAINESVILLE FL 32653			Mailing Address 4010 NW 67TH PLACE GAINESVILLE FL 32653		
2. Principal Place of Business 21 4860 NW 39th Ave Suite, Apt. #, etc. 22 Suite C City & State 23 Gainesville FL Zip 24 32606 Country 25 US		2a. Mailing Address 26 4860 NW 39th Ave Suite, Apt. #, etc. 27 Suite C City & State 28 Gainesville, FL Zip 29 32606 Country 30 US		3. Date Incorporated or Qualified 04/23/1998 4. FEI Number 59-3520247 <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent THEOHARIS, RICHARD 4010 NW 67TH PLACE GAINESVILLE FL 32653			10. Name and Address of New Registered Agent 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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	DPS		1.1 TITLE		
NAME	THEOHARIS, RICK		1.2 NAME		
STREET ADDRESS	4010 NW 67TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32653		1.4 CITY-ST-ZIP		
TITLE	TD		2.1 TITLE		
NAME	THEOHARIS, TAMARA		2.2 NAME		
STREET ADDRESS	4010 NW 67TH PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32653		2.4 CITY-ST-ZIP		
TITLE			3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE			4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-99 352 372-8686

CR2E034 (11/98)