


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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90073 050 \*\*\*150.00



<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # S41553**

1. Corporation Name  
**FLORIDA WINDERMERE, INC.**

Principal Place of Business  
**2710 BUTLER BAY DR NORTH**  
**WINDERMERE FL 34786**  
**US**

Mailing Address  
**215 N EOLA DRIVE**  
**ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/28/1991</b>	
21		26		4. FEI Number <b>59-3057022</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
22		27		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YERGLER, JON C**  
**215 N EOLA DRIVE**  
**ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATANABE, MIYOSHI</b>	1.2 NAME	
STREET ADDRESS	<b>2710 BUTLER BAY DR., NORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINDEMERE FL 34786</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OGUMA, HIROSHI</b>	2.2 NAME	
STREET ADDRESS	<b>2710 BUTLER BAY DRIVE, NORTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KITAZAWA, TAKASHI</b>	3.2 NAME	
STREET ADDRESS	<b>2710 BUTLER BAY DRIVE, NORTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **H. [Signature]** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-99

Date

407-876-1112

Daytime Phone #