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Secretary of State

02-26-1999 90010 009 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S72015

1. Corporation Name

JAPAN ORLANDO CONNECTION, INC.

~~YORIKO MAEDA~~

Principal Place of Business

11313 CARRIAGE DR.
ORLANDO, FL 32837
US

Mailing Address

P.O. BOX 692651
STE. 1800
ORLANDO, FL 32869
US

P.O. BOX 771814
ORLANDO, FL 32877 USA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. ~~YORIKO MAEDA~~
22 12538 Braxted Dr.

23 City & State
Orlando, FL 32837 USA

24 Zip Country

25 32877 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

28 City & State

Orlando, FL

29 Zip Country

30 32877 USA

3. Date Incorporated or Qualified

08/07/1991

4. FEI Number

59-3078699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

☐

No

9. Name and Address of Current Registered Agent

~~YORIKO MAEDA~~
~~11313 CARRIAGE DR.~~
~~ORLANDO FL 32837~~

YORIKO MAEDA
12538 Braxted Dr.
Orlando, FL 32837 USA

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 12538 Braxted Dr.

84 City Orlando, FL 32837 USA

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

TITLE P MAEDA YORIKO ☒ DELETE

NAME MAEDA YORIKO
STREET ADDRESS 11313 CARRIAGE DR.
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE YORIKO MAEDA ☒ Change ☐ Addition

1.2 NAME 12538 Braxted Dr.

1.3 STREET ADDRESS Orlando, FL 32837 USA

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Yoriko Maeda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/99 407-886-8999

CR2E034 (1/198)