FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 OCT 23 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S86169 (7)

1. Corporation Name
LIGHTNING PARTNERS, INC.

Principal Place of Business	Mailing Address
501 E KENNEDY BLVD 175 TAMPA FL 33602 US	501 E KENNEDY BLVD 175 TAMPA FL 33602 US

3. Date Incorporated or Qualified: 10/09/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-3066400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, PAUL C
ONE HARBOUR PLACE
5TH FLOOR
TAMPA FL 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	DPT ☐ Change ☒ Addition
NAME	NAKAMURA, YOSHIO		1.2 NAME	Oto, Saburo
STREET ADDRESS	2-6-15 GINZA		1.3 STREET ADDRESS	501 E. Kennedy Blvd. Suite 175
CITY-ST-ZIP	CHUO-KU TOKYO, JAPAN		1.4 CITY-ST-ZIP	Tampa FL
TITLE	CD	☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	OKUBO, TAKASHI		2.2 NAME	Higashiyama, Tasukiyo
STREET ADDRESS	501 E. KENNEDY BLVD., SUITE 175		2.3 STREET ADDRESS	501 E. Kennedy Blvd., Suite 175
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa FL
TITLE	ASD	☐ DELETE	3.1 TITLE	SD ☐ Change ☒ Addition
NAME	PHILLIPS, CHRIS		3.2 NAME	Oku, Tadashige
STREET ADDRESS	501 E KENNEDY BLVD #175		3.3 STREET ADDRESS	501 E. Kennedy Blvd., Suite 175
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa FL
TITLE	D	☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	ESPOSITO, PHIL		4.2 NAME	Maeda, Fukusaburo
STREET ADDRESS	501 E. KENNEDY BLVD., #750		4.3 STREET ADDRESS	501 E. Kennedy Blvd., Suite 175
CITY-ST-ZIP	TAMPA FL 33602		4.4 CITY-ST-ZIP	Tampa FL
TITLE	D	☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	LEFEVRE, DAVID E		5.2 NAME	Sugioka, Yoshiyuki
STREET ADDRESS	40 WEST 57TH ST.		5.3 STREET ADDRESS	501 E. Kennedy Blvd., Suite 175
CITY-ST-ZIP	NEW YORK NY 10019-4097		5.4 CITY-ST-ZIP	Tampa FL
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, WM REECE JR		6.2 NAME	
STREET ADDRESS	ONE HARBOUR PLACE 5TH FL		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602		6.4 CITY-ST-ZIP	

A. Oto 10-23-96

$200.00 501-96 95996-005

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. SABURO OTO / PRESIDENT 10/18/96

SIGNATURE: Frank M. Sato FRANK M. SATO / CFO 4/25/96 (813) 276-7371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #