FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:27

DOCUMENT # S89941 (6)

1. Corporation Name
NEOGLYPHIKS, INC.

Principal Place of Business	Mailing Address
~~3324 CASTLE HEIGHTS AVE~~ ~~SUITE 309~~ ~~LOS ANGELES CA 90034~~ ~~US~~	~~3324 CASTLE HEIGHTS AVE~~ ~~SUITE 309~~ ~~LOS ANGELES CA 90034~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/21/1991
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business	2a. Mailing Address
21 13904 FIJI WAY	26 13904 FIJI WAY
Suite, Apt. #, etc. 22 SUITE 133	Suite, Apt. #, etc. 27 SUITE 133
City & State 23 MARINA DEL REY, CA	City & State 28 MARINA DEL REY, CA
Zip / Country 24 90292 / 25 USA	Zip / Country 29 90292 / 30 USA

4. FEI Number: 59-3090356 ☐ 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

JOHNSON, WADE F. JR.
250 N ORANGE AVE
ELEVENTH FLOOR
ORLANDO FL 32801

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 indicating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	1.1 TITLE	PSTD	☒ Change ☐ Addition
NAME	TAKAYAMA, MICHAEL L.	1.2 NAME	TAKAYAMA, MICHAEL L	
STREET ADDRESS	3324 CASTLE HEIGHTS AVE. STE 309	1.3 STREET ADDRESS	13904 FIJI WAY, SUITE 133	
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	MARINA DEL REY, CA 90292	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: _____ MICHAEL TAKAYAMA 3/26/95 310.821.4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461602 FP