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FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V06302

(6)

1. Corporation Name

SUNGREENE INCORPORATED

Principal Place of Business

1802 NATURES WAY BLVD  
VALRICO FL 33594  
US

Mailing Address

1802 NATURES WAY BLVD  
VALRICO FL 33594-6924  
US



3. Date Incorporated or Qualified  
01/13/1992

3a. Date of Last Report  
02/05/1996

2. Principal Place of Business

21 4113 GREAT GOLFERS PLACE

2a. Mailing Address

26 4113 GREAT GOLFERS PLACE

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

23 VALRICO FL

27 City & State

28 VALRICO FL

Zip

24 33594

Country

25 US

Zip

29 33594

Country

30 US

4. FEI Number

59-3100963

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

TAGASHIRA, EIJI  
1802 NATURES WAY BLVD  
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name

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

4113 GREAT GOLFERS PLACE

83

84 City

VALRICO

FL

85 Zip Code

33594

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 DVST ☐ DELETE

NAME TAGASHIRA, EIJI  
STREET ADDRESS 1802 NATURES WAY BLVD  
CITY-ST-ZIP VALRICO FL

TITLE D ☐ DELETE

NAME SADATO, KATSUMI  
STREET ADDRESS 162-1 ZAO-CHO  
CITY-ST-ZIP HIROSHIMA, JAPAN

TITLE P ☐ DELETE

NAME SAPUTO, VITO J  
STREET ADDRESS 1802 NATURES WAY BLVD  
CITY-ST-ZIP VALRICO FL

TITLE ☐ DELETE

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4113 GREAT GOLFERS PLACE  
1.4 CITY-ST-ZIP VALRICO FL 33594

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 4113 GREAT GOLFERS PLACE  
3.4 CITY-ST-ZIP VALRICO FL 33594

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VITO J. SAPUTO

16 JAN 97 (813) 653-1823

CR2E034 (9/96)