

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

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90017 020 ***450.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000098468

1. Corporation Name
TKM GLOBAL INVESTMENT INC.



Principal Place of Business 1401 N. MISSOURI AVENUE #128 LARGO FL 33770 679 HARBOR ISLAND	Mailing Address 1401 N. MISSOURI AVENUE #128 LARGO FL 33770
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 679 HARBOR ISLAND Suite, Apt. #, etc.	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 23 CLEARWATER, FL Zip 24 33767 Country 25 PINELLAS 29
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3. Date Incorporated or Qualified 11/17/1997	4. FEI Number 59-3486770 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

REUSS, RALPH F III
1401 N. MISSOURI AVENUE
#128
LARGO FL 33770

10. Name and Address of New Registered Agent

81 Name **Ralph F. Reuss, III**
 82 Street Address (P.O. Box Number is Not Acceptable)
679 HARBOR ISLAND
 83
 84 City **CLEARWATER** FL 85 Zip Code **33767**

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 *Ralph F. Reuss* DATE **1-10-99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUROSAWA, MASATO	1.2 NAME	
STREET ADDRESS	1401 MISSOURI AVE, #128	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUROSAWA, TAKETO	2.2 NAME	
STREET ADDRESS	1401 N. MISSOURI AVE #128	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Ralph F. Reuss* DATE **1-27-99** 727 2980742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)