

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90084 041 ***150.00

DOCUMENT # K50819

1. Entity Name
TACHIKAWA INTERNATIONAL CORPORATION

Principal Place of Business P O BOX 5127 WHITE CITY FL 32465	Mailing Address P O BOX 5127 WHITE CITY FL 32405-3550 US
--	---

2. Principal Place of Business	3. Mailing Address 2409 Stanford Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Panama City, FL.	4. FEI Number 59-2929824	Applied For <input type="checkbox"/> Not Applicable
Zip 32405	Country US.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GIBSON, THOMAS S.
 303 4TH ST.
 PORT ST. JOE FL 32456

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>
D	TACHIKAWA, AKEMI	7-6 YOKOSUNANISHI SHIMIZ	JAPAN	<input type="checkbox"/>
DP	TACHIKAWA, ISAKICHI	7-6 YOKOSUNANISHI SHIMIZ	JAPAN	<input type="checkbox"/>
ST	TACHIKAWA, MICHIO	7-6 YOKOSUNANISHI SHIMIZ	JAPAN	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *YASUHIKO AKAMINE* **3/2/00** **850-872-3999**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)