

**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

**DOCUMENT # F93000001509 (9)**

1. Corporation Name

**GGG (HI), INC.**



Principal Place of Business

Mailing Address

**201 MERCHANT STREET, SUITE 804  
HONOLULU HI 96813**

**201 MERCHANT STREET, SUITE 804  
HONOLULU HI 96813**

3. Date Incorporated or Qualified **03/19/1993** 3a. Date of Last Report **03/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 **201 Merchant Street**

26 **201 Merchant Street**

4. FEI Number **99-0245166** Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 1650**

27 **Suite 1650**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State

City & State

23 **Honolulu, HI**

28 **Honolulu, HI**

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

Zip

Country

Zip

Country

24 **96813**

25

29 **96813**

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CP</b> <input type="checkbox"/> DELETE
NAME	<b>IWASAKI, MITSURU</b>
STREET ADDRESS	<b>2-20-15 SHIMBASHI</b>
CITY-ST-ZIP	<b>MINATOKU TOKYO 105 JAPAN</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>ITO, YOSHINORI</b>
STREET ADDRESS	<b>2-20-15 SHIMBASHI</b>
CITY-ST-ZIP	<b>MINATOKU TOKYO 105 JAPAN</b>
TITLE	<b>DST</b> <input type="checkbox"/> DELETE
NAME	<b>HETHERINGTON, CHERYL K</b>
STREET ADDRESS	<b>848 PUEO STREET</b>
CITY-ST-ZIP	<b>HONOLULU HI 96816</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>MORI, PAUL S</b>
STREET ADDRESS	<b>1225 MEI PLACE</b>
CITY-ST-ZIP	<b>KAILUA HI 96734</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Paul S. Mori* **PAUL S. MORI** 4/23/96 (808) 537-6146  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)