

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000002495 (6)

1. Corporation Name

ALOHA KAI VACATION RENTALS, INC.

Principal Place of Business 6020 MIDNIGHT PASS ROAD SARASOTA FL 34242-3212	Mailing Address 6020 MIDNIGHT PASS ROAD SARASOTA FL 34242-3212
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1995	
21		26		4. FEI Number 65-0547718	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHEFFERT, CHRISTINE F 888 BLVD. OF ARTS #1002 SARASOTA FL 34236		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	PEDERSON, RUSSELL	1.2 NAME	
STREET ADDRESS	4558 DEER CREED BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	PD
NAME	SCHEFFERT, CHRISTINE	2.2 NAME	
STREET ADDRESS	888 BLVD OF THE ARTS, #1002	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	34236
TITLE	PD	3.1 TITLE	V, AS, AT, D
NAME	CHADWICK, JON D	3.2 NAME	Elshout, E. Peter
STREET ADDRESS	6455 MEKOWN RD	3.3 STREET ADDRESS	50 Hilltop Dr
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Trumbull, CT. 06611
TITLE	VD	4.1 TITLE	V, AS, D
NAME	NEWCOMER, BARBARA	4.2 NAME	La Gorin, Earl
STREET ADDRESS	3850 WEBBER ST	4.3 STREET ADDRESS	4680 Pinehaven Dr.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Saginaw, MI 48603-4647
TITLE	VD	5.1 TITLE	SD
NAME	SMITH, HILDE W	5.2 NAME	
STREET ADDRESS	6 MAGNOLIA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD OH	5.4 CITY-ST-ZIP	45322
TITLE		6.1 TITLE	
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.

SIGNATURE: Christine F. Scheffert Christine Scheffert 1-12-98 941-349-5410

CR2E034 (10/97)