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Mar 17 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 # P96000076575 (5)

1. Corporation Name
ALOHA PROMOTIONS, INC.



Principal Place of Business

Mailing Address

14449 MANDOLIN DRIVE
ORLANDO FL 32837

14449 MANDOLIN DRIVE
ORLANDO FL 32837-8985

3. Date Incorporated or Qualified

09/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3400590

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

10. Name and Address of New Registered Agent

MORELAND, J P
14449 MANDOLIN DRIVE
ORLANDO FL 32837

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]

(PRINT) Registered Agent Signature required when resigning

DATE 3-11-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D MORELAND, J P
NAME: MORELAND, J P
STREET ADDRESS: 14449 MANDOLIN DRIVE
CITY-ST-ZIP: ORLANDO FL 32837

1.1 TITLE: [Change] [Addition]
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

2.1 TITLE: [Change] [Addition]
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

3.1 TITLE: [Change] [Addition]
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4.1 TITLE: [Change] [Addition]
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE: [Change] [Addition]
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE: [DELETE]
NAME:
STREET ADDRESS:
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 a 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]*

DATE 3-11-97 X 407 856 0416

CR2E034 (9/96)