

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 # **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**

3. Date Incorporated or Qualified: **01/09/1995** 3a. Date of Last Report
4. FEI Number: **65-0547718** Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**BALL, RUTH A
7425 BOUNTY DRIVE
SARASOTA FL 34231-7921**

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 607.1505, 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: _____ DATE: _____
Signature, typed or printed name of registered agent, if not applicable. (NOTE: Registered Agent signature required when translating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	TD RUSSAU PEDRASON
STREET ADDRESS		3. STREET ADDRESS	4559 DEER CREEK BLVD
CITY-ST-ZIP		4. CITY-ST-ZIP	SARASOTA FL 34238
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	SD SCHNEFRET, CHRISTINE
STREET ADDRESS		3. STREET ADDRESS	888 BLVD OF THE ARTS, #1002
CITY-ST-ZIP		4. CITY-ST-ZIP	SARASOTA, FL
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3. NAME	VD CHADWICK, JON D
STREET ADDRESS		3. STREET ADDRESS	6455 MCKOWN RD
CITY-ST-ZIP		4. CITY-ST-ZIP	SARASOTA, FL
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4. NAME	VD ALLISON, MARJORIS
STREET ADDRESS		4. STREET ADDRESS	5728 ANTIBES ST
CITY-ST-ZIP		4. CITY-ST-ZIP	SARASOTA, FL
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5. NAME	PD BALL, RUTH A.
STREET ADDRESS		5. STREET ADDRESS	7425 BOUNTY DRIVE
CITY-ST-ZIP		5. CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	700001828687
STREET ADDRESS		6. STREET ADDRESS	-05/20/96--01032--010
CITY-ST-ZIP		6. CITY-ST-ZIP	***200.00

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: *Russau Pedrason* TREASURER 7-15-96 941-349-5410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)