

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: [Blank]
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 [X] No

2. Principal Place of Business: [21] Suite, Apt. #, etc.: [22] City & State: [23] Zip: [24] Country: [25]
2a. Mailing Address: [26] Suite, Apt. #, etc.: [27] City & State: [28] Zip: [29] Country: [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: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: [Blank] FL 85 Zip Code: [Blank]

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: [Blank] Signature, typed or printed name, of registered agent, if not applicable. DATE: [Blank] DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	TO	[] Change [X] Addition
2. NAME	RUSSELL PEDERSON	
3. STREET ADDRESS	4559 DEER CREEK BLVD	
4. CITY-ST-ZIP	SARASOTA FL 34238	
5. TITLE	SD	[] Change [X] Addition
6. NAME	SCHNEFERT, CHRISTINE	
7. STREET ADDRESS	888 BLVD OF THE ARTS, #1002	
8. CITY-ST-ZIP	SARASOTA, FL	
9. TITLE	VD	[] Change [X] Addition
10. NAME	CHADWICK, JON D	
11. STREET ADDRESS	6455 MCKOWN RD	
12. CITY-ST-ZIP	SARASOTA, FL	
13. TITLE	VD	[] Change [X] Addition
14. NAME	ALLISON, MARJORIS	
15. STREET ADDRESS	5728 ANTIBES ST	
16. CITY-ST-ZIP	SARASOTA, FL	
17. TITLE	PD	[] Change [X] Addition
18. NAME	BALL, RUTH A.	
19. STREET ADDRESS	7425 BOUNTY DRIVE	
20. CITY-ST-ZIP	SARASOTA, FL 34231	
21. TITLE		[] Change [] Addition
22. NAME	700001828687	
23. STREET ADDRESS	-05/20/96--01032--010	
24. 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: *Russell Pederson* TREASURER 7-15-96 941-349-5410
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

CR2E034 (12/95)