

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

**FILED**

**Apr 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>6020 MIDNIGHT PASS ROAD SARASOTA FL 34242-3212</b>	Mailing Address <b>6020 MIDNIGHT PASS ROAD SARASOTA FL 34242-3212</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/09/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0547718</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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  
**CHADWICK, JON D.**  
 82. Street Address (P.O. Box Number is Not Acceptable)  
**6455 MEKOWN RD**  
 83.  
 84. City  
**SARASOTA** FL 85. Zip Code  
**34242**

11. Pursuant to the provisions of Sections 607.05(2) 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 *Jon D. Chadwick* **JON D. CHADWICK PRES.** DATE **4/7/97**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>PEDERSON, RUSSELL</b>	
STREET ADDRESS	<b>4558 DEER CREEK BLVD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>SCHEFFERT, CHRISTINE</b>	
STREET ADDRESS	<b>888 BLVD OF THE ARTS, #1002</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>CHADWICK, JON D</b>	
STREET ADDRESS	<b>6455 MEKOWN RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALLISON, MARJORIE</b>	
STREET ADDRESS	<b>5728 ANTIBES ST</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BALL, RUTH A</b>	
STREET ADDRESS	<b>7425 BOUNEY DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>PD</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>34236</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VD BARBARA J. NEWCOMER</b>
4.3 STREET ADDRESS	<b>3850 WEBBER ST.</b>
4.4 CITY-ST-ZIP	<b>SARASOTA, FL. 34232</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VD HILDE W. SMITH</b>
5.3 STREET ADDRESS	<b>6 MAGNOLIA DRIVE</b>
5.4 CITY-ST-ZIP	<b>ENGLEWOOD, OH 45322</b>
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 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.

CR2E034 (9/96)