

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

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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90028 028 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000002495**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PEDERSON, RUSSELL	
STREET ADDRESS	4558 DEER CREED BLVD	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHEFFERT, CHRISTINE	
STREET ADDRESS	888 BLVD OF THE ARTS, #1002	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DASV	<input type="checkbox"/> DELETE
NAME	ELSHOUT, E. PETER	
STREET ADDRESS	50 HOLLTOP DR	
CITY-ST-ZIP	TRUMBULL CT 06611	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	LAGROIN, EARL	
STREET ADDRESS	4680 PINEHAVE DR.	
CITY-ST-ZIP	SAGINAW MI 48603	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, HILDE W	
STREET ADDRESS	6 MAGNOLIA DR	
CITY-ST-ZIP	ENGLEWOOD OH 45322	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Delilah Simmons	
1.3 STREET ADDRESS	4930 Meadow Trace Lane	
1.4 CITY-ST-ZIP	Hixson, TN 37343	
2.1 TITLE	TD/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: Christine Scheffert Date: Jan 8, 1999 Daytime Phone #: 941-349-5410

CR2E034 (11/98)