

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 389938 (2)**

1. Corporation Name

**HAWAIIAN ISLE ESTATES, INC.**

Principal Place of Business

Mailing Address

**500 CARSWELL AVE.  
HOLLY HILL FL 32117-4412**

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HOLLY HILL FL 32117-4412**



3. Date Incorporated or Qualified <b>10/19/1971</b>	3a. Date of Last Report <b>04/28/1995</b>
4. FEI Number <b>59-1438845</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**SAMUELS, LOUIS P.  
500 CARSWELL AVE.  
HOLLY HILL FL 32017**

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:

Signature typed or printed in block of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	2. NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	3. NAME	2.1 TITLE	2.2 NAME
	4. NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
	5. NAME	3.1 TITLE	3.2 NAME
	6. NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
	7. NAME	4.1 TITLE	4.2 NAME
	8. NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
	9. NAME	5.1 TITLE	5.2 NAME
	10. NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
	11. NAME	6.1 TITLE	6.2 NAME
	12. NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/96 904/253-7627

CR2E034 (3/96)