

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 AM 10: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **630667** (4)

1. Corporation Name  
**KONA VILLAGE, INC.**

Principal Place of Business Mailing Address  
**620 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701-4819**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/16/1979** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-1928314** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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 29 County 30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLOWER, BRUCE W,ESQ  
511 N. MATLAND AVE.  
MATLAND, FL  
32751**

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WU, FRANK WAI-MIRV  
STREET ADDRESS 304 TIMBERCOVE CIR  
CITY - ST - ZIP LONGWOOD FL

TITLE VD  
NAME HU, TONY WAI-CHING  
STREET ADDRESS 528 TALL OAKS TERR  
CITY - ST - ZIP LONGWOOD FL

TITLE STD  
NAME HU, JANE  
STREET ADDRESS 490 LILAC RD  
CITY - ST - ZIP CASSELBERRY FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1 1 TITLE P  Change  Addition  
12 NAME JOHANNY-CHI-PENG HU, JOHANNY CHI-PENG  
13 STREET ADDRESS 490 LILAC RD.  
14 CITY - ST - ZIP CASSELBERRY FL. 32707

21 TITLE V D  Change  Addition  
22 NAME HU, TONY WAI-CHING  
23 STREET ADDRESS 528 TALL OAKS TERR  
24 CITY - ST - ZIP LONGWOOD FL. 32750

31 TITLE STD  Change  Addition  
32 NAME HU, JANE  
33 STREET ADDRESS 490 LILAC RD  
34 CITY - ST - ZIP CASSELBERRY FL. 32707

41 TITLE P  Change  Addition  
42 NAME WU, FRANK WAI-MING  
43 STREET ADDRESS 304 TIMBERCOVE CIR.  
44 CITY - ST - ZIP LONGWOOD FL. 32739

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 110.07(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: Wu Wai-Ming **FRANK WU** DIRECTOR **23<sup>RD</sup> APRIL 95** (407) 831-7755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR