

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 # **630667** (4)
1. Corporation Name
KONA VILLAGE, INC.



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

3. Date Incorporated or Qualified: **07/16/1979**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1928314		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		8. \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		9. \$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLOWER, BRUCE W,ESQ 511 N. MAITLAND AVE. MAITLAND, FL 32751				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 this applicant) _____ (Typed) Registered Agent's signature (typed when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHI-PENG, JOHNNY	1.2 NAME	HU, JANE
STREET ADDRESS	490 LILAC RD.	1.3 STREET ADDRESS	490 LILAC RD.
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	CASSELBERRY FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HU, TONY WAI-CHING	2.2 NAME	HU, TONY WAI-CHING
STREET ADDRESS	528 TALL OAKS TERR	2.3 STREET ADDRESS	528 TALL OAKS TERR
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	LONGWOOD FL
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HU, JANE	3.2 NAME	HENRY WANG
STREET ADDRESS	490 LILAC RD	3.3 STREET ADDRESS	660 SUMNER CT.
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	WINTER SPRINGS
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WU, FRANK WAI-MING	4.2 NAME	WU, FRANK WAI-MING
STREET ADDRESS	304 TIMBERCOVE CIR	4.3 STREET ADDRESS	304 TIMBERCOVE CIR.
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Wai-Ming Wu **FRANK WAI-MING WU** Director - APRIL 1996 (407) 831-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)