

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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

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 then application

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CHI-PENG, JOHNNY	
STREET ADDRESS	490 LILAC RD.	
CITY-STATE-ZIP	CASSELBERRY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HU, TONY WAI-CHING	
STREET ADDRESS	528 TALL OAKS TERR	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HU, JANE	
STREET ADDRESS	490 LILAC RD	
CITY-STATE-ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WU, FRANK WAI-MING	
STREET ADDRESS	304 TIMBERCOVE CIR	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	HU, JANE	
13. STREET ADDRESS	490 LILAC RD.	
14. CITY-STATE-ZIP	CASSELBERRY FL	
2. TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	HU, TONY WAI-CHING	
23. STREET ADDRESS	528 TALL OAKS TERR	
24. CITY-STATE-ZIP	LONGWOOD FL	
3. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	HENRY WANG	
33. STREET ADDRESS	660 SUMTER CT.	
34. CITY-STATE-ZIP	WINTER SPRINGS	
4. TITLE	T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	WU, FRANK WAI-MING	
43. STREET ADDRESS	304 TIMBERCOVE CIR.	
44. CITY-STATE-ZIP	LONGWOOD FL	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-STATE-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-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)