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**Feb 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: **04/16/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: **59-1928314**
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:
**FLOWER, BRUCE W, ESQ
511 N. MAITLAND AVE.
MAITLAND, FL
32751**

10. Name and Address of New Registered Agent (81-85) fields.

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HU JANE	
1.3 STREET ADDRESS	490 LILAC RD.	
1.4 CITY - ST - ZIP	CASSELBERRY FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WANG HEURY	
3.3 STREET ADDRESS	660 SUMMITER CT.	
3.4 CITY - ST - ZIP	WINTER SPRINGS FL.	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WU, FRANK WAI-MING	
4.3 STREET ADDRESS	304 TIMBERCOVE CIR.	
4.4 CITY - ST - ZIP	LONGWOOD FL.	
5.1 TITLE		<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 do 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.

SIGNATURE: FRANK WAI-MING WU DIRECTOR **7TH FEB 97 (40F) 831-7755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)