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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
620 E. ALTAMONTE DRIVE 620 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701-4819 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 2a. Mailing Address 4. FEI Number 59-1928314 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 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 reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------|--|--|---|---------------------|---------------------------------|--|
| TITLE | PD | | <input type="checkbox"/> DELETE | 1.1 TITLE | PD | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HU, JANE | | | 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 checked="" type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HU, TONY WAI-CHING | | | 2.2 NAME | | | |
| STREET ADDRESS | 528 TALL OAKS TERR | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LONGWOOD FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | STD | | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | S | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | HU, JANE | | | 3.2 NAME | WANG HEARTY | | |
| STREET ADDRESS | 490 LILAC RD | | | 3.3 STREET ADDRESS | 660 SUMMITER CT. | | |
| CITY-ST-ZIP | CASSELBERRY FL | | | 3.4 CITY-ST-ZIP | WINTER SPRINGS FL. | | |
| TITLE | D | | <input type="checkbox"/> DELETE | 4.1 TITLE | TD | <input 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 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 7-22-97 (401) 831-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)