

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **650846** (9)

1. Corporation Name  
**KULEANA BY THE SEA, INC.**



Principal Place of Business: % JOHN A. BARRY, 6520 NORTH OCEAN DRIVE, OCEAN RIDGE FL 33435  
Mailing Address: % JOHN A. BARRY, 6520 NORTH OCEAN DRIVE, OCEAN RIDGE FL 33435

3. Date Incorporated or Qualified: **01/10/1980**  
3a. Date of Last Report: **01/31/1995**  
4. FEI Number: **36-3047657**  
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

21. Principal Place of Business: **4105-09 N.E OCEAN DRIVE**  
22. Suite, Apt. #, etc.:  
23. City & State: **LAUDERDALE BY THE SEA, FL**  
24. Zip: **33308**  
25. Country: **U.S.**  
26. Mailing Address: **P.O. BOX 177**  
27. Suite, Apt. #, etc.:  
28. City & State: **Boynton Beach, FL**  
29. Zip: **33435**  
30. Country: **U.S.**

9. Name and Address of Current Registered Agent

**BARRY, JOHN A.  
6520 NORTH OCEAN DRIVE  
OCEAN RIDGE 33435**

10. Name and Address of New Registered Agent

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *John A. Barry, President*

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

DATE

| 12. OFFICERS AND DIRECTORS                    |                                 |
|---|---------------------------------|
| TITLE: <b>PD</b>                              | <input type="checkbox"/> DELETE |
| NAME: <b>BARRY, JOHN A</b>                    |                                 |
| STREET ADDRESS: <b>6520 NORTH OCEAN DRIVE</b> |                                 |
| CITY-ST-ZIP: <b>OCEAN RIDGE FL</b>            |                                 |
| TITLE: <input type="checkbox"/> DELETE        |                                 |
| NAME:   |                                 |
| STREET ADDRESS:                               |                                 |
| CITY-ST-ZIP:                                  |                                 |
| TITLE: <input type="checkbox"/> DELETE        |                                 |
| NAME:   |                                 |
| STREET ADDRESS:                               |                                 |
| CITY-ST-ZIP:                                  |                                 |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 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 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: *John A. Barry* **JOHN A. BARRY** 3-1-96 954-489-7255  
Date: Daytime Phone #

CR2E034 (12/95)