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Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705626 1. Corporation Name ALOHA KAI ASSOCIATION, INC.	(0)
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Principal Place of Business 6020 MIDNIGHT PASS ROAD SARASOTA FL 34242	Mailing Address 6020 MIDNIGHT PASS ROAD SARASOTA FL 34242-3212
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34242-3212	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 34242-3212
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9. Name and Address of Current Registered Agent SCHEFFERT, CHRISTINE F 888 BLVD. OF ARTS #1002 SARASOTA FL 34236	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> DELETE
NAME	PEDERSON, RUSSELL
STREET ADDRESS	4558 DEER CREEK BLVD
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	SD <input type="checkbox"/> DELETE
NAME	SCHEFFERT, CHRISTINE
STREET ADDRESS	888 BLVD. OF THE ARTS, #1002
CITY-ST-ZIP	SARASOTA FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CHADWICK, JON D
STREET ADDRESS	6455 MCKOWN RD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	NEWCOMER, BARBARA
STREET ADDRESS	3850 WEBBER ST
CITY-ST-ZIP	SARASOTA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SMITH, HILDE W
STREET ADDRESS	6 MAGNOLIA DR
CITY-ST-ZIP	ENGLEWOOD OH
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	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V.A.S. AT D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ELSHOUT, E. PETER
3.3 STREET ADDRESS	50 HILLTOP DR
3.4 CITY-ST-ZIP	TRUMBULL, CT. 06611
4.1 TITLE	V.A.S.D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LaGoria, Earl
4.3 STREET ADDRESS	4680 Pinehaven Dr
4.4 CITY-ST-ZIP	Saginaw, MI 48603-4647
5.1 TITLE	SD <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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christine Scheffert* Christine Scheffert

CP2E037 (10/97)