


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90044 047 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 705626</b>					
1. Corporation Name <b>ALOHA KAI ASSOCIATION, INC.</b>					
Principal Place of Business 6020 MIDNIGHT PASS ROAD SARASOTA FL 34242			Mailing Address 6020 MIDNIGHT PASS ROAD SARASOTA FL 34242		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/20/1963	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1035832	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHEFFERT, CHRISTINE F 888 BLVD. OF ARTS #1002 SARASOTA FL 34236				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 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

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	TD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEDERSON, RUSSELL			1.2 NAME	Delilah Simmons		
STREET ADDRESS	4558 DEER CREEK BLVD			1.3 STREET ADDRESS	4930 Meadow Trace Lane		
CITY-ST-ZIP	SARASOTA, FL 34232			1.4 CITY-ST-ZIP	Hixson, TN 37343		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	TD/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEFFERT, CHRISTINE			2.2 NAME			
STREET ADDRESS	888 BLVD. OF THE ARTS, #1002			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP			
TITLE	VSTD	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELSHOUT, PETER			3.2 NAME			
STREET ADDRESS	50 HILLTOP DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TRUMBULL CT			3.4 CITY-ST-ZIP			
TITLE	VASD	<input type="checkbox"/> DELETE		4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAGORIN, EARL			4.2 NAME			
STREET ADDRESS	4680 PINEHAVEN DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	SAGINAW MI 48603			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, HILDE W			5.2 NAME			
STREET ADDRESS	6 MAGNOLIA DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD OH			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 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, with all other like empowered.

SIGNATURE: *Christine T. Scheffert*

SIGNATURE AND TYPED-OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6, 1999 941-349-5410

Date Daytime Phone #