

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90321 025 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F14752**

1. Corporation Name  
**KON-TIKI DEVELOPMENTS, INC.**

|  |  |
|--|--|
| Principal Place of Business  | Mailing Address  |
| C/O JOHN T. BERTEAU<br>200 S. ORANGE AVE.<br>SARASOTA FL 34236<br>US | C/O JOHN T. BERTEAU<br>200 S. ORANGE AVE.<br>SARASOTA FL 34236<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/13/1981**

4. FEI Number  
**59-2168577**

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 owes the current year Intangible Personal Property Tax.  Yes  No

|                                 |                         |                  |         |             |                     |                         |                  |         |             |
|---------------------------------|-------------------------|------------------|---------|-------------|---------------------|-------------------------|------------------|---------|-------------|
| 21. Principal Place of Business | 22. Suite, Apt. #, etc. | 23. City & State | 24. Zip | 25. Country | 26. Mailing Address | 27. Suite, Apt. #, etc. | 28. City & State | 29. Zip | 30. Country |
|---------------------------------|-------------------------|------------------|---------|-------------|---------------------|-------------------------|------------------|---------|-------------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BERTEAU, JOHN T.  
200 S. ORANGE AVE.  
SARASOTA FL 34236~~

81 Name  
**John D. Dumbaugh**

82 Street Address (P.O. Box Number Is Not Acceptable)  
**1900 Ringling Boulevard**

83

84 City **Sarasota** FL 85 Zip Code **34236**

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 *John D. Dumbaugh*

4/1/99

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | PD                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALLENSEN, WILLIAM      | 1.2 NAME  |   |
| STREET ADDRESS             | 351 ASCOT PLACE        | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WATERLOO, ONTARIO, CA  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BELL, DOROTHY H        | 2.2 NAME  |   |
| STREET ADDRESS             | 8 CRESCENT ST          | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | KITCHENER, ONTARIO, CA | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALLENSEN, SANDRA C     | 3.2 NAME  |   |
| STREET ADDRESS             | 351 ASCOT PLACE        | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WATERLOO, ONTARIO, CA  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 4.2 NAME  |   |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                        | 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                      |                        | 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 607, 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: **WILLIAM ALLENSEN** REQUIRED

APR 8, 1999 579-747-2883

CR2E034 (1/98)