FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:55

DOCUMENT # **F93000001662 (6)**

1. Corporation Name
EVERYTHING'S POSSIBLE, INC.

Principal Place of Business	Mailing Address
99-936 HULUMANU STREET AIEA HI 96701	99-936 HULUMANU STREET AIEA HI 96701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/05/1993	02/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 99-0266903 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCT	11 TITLE	VCVP	☑ Change ☐ Addition
NAME	FERNANDEZ, WINFRED PREMO	12 NAME	LIU TOMMY	
STREET ADDRESS	99-936 HULUMANU STREET	13 STREET ADDRESS	3333 CASTLE ST	
CITY ST ZIP	AIEA HI 96701	14 CITY ST ZIP	HONOLULU HI 96815	
TITLE	VCVP	21 TITLE	S	☑ Change ☐ Addition
NAME	LIU, TOMMY	22 NAME	LIU TOMMY	
STREET ADDRESS	3333 CASTLE STREET	23 STREET ADDRESS	3333 CASTLE ST	
CITY ST ZIP	HONOLULU HI 96815	24 CITY ST ZIP	HONOLULU HI 96815	
TITLE	S	31 TITLE	S	☐ Change ☑ Addition
NAME	LIU, TOMMY	32 NAME	JOSHUA WAGNER	
STREET ADDRESS	3333 CASTLE STREET	33 STREET ADDRESS	123 PARK AVE	
CITY ST ZIP	HONOLULU HI 96815	34 CITY ST ZIP	SANTA CRUZ, CA 96060	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on the 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 the 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: Winfred C. Fernandez President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/02/95 FN