

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

**FILED**  
**Jun 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # F96000002846 (1)**  
 1. Corporation Name  
**PREFERRED HAWAIIAN, INC.**



Principal Place of Business: **6900 E 2ND ST SCOTTSDALE AZ 85251**  
 Mailing Address: **6900 E 2ND ST SCOTTSDALE AZ 85251**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 [ ] Suite, Apt. #, etc.  
 22 [ ] City & State  
 23 [ ] Zip [ ] Country  
 24 [ ] [ ] 25 [ ] Country

2a. Mailing Address  
 26 [ ] Suite, Apt. #, etc.  
 27 [ ] City & State  
 28 [ ] Zip [ ] Country  
 29 [ ] [ ] 30 [ ] Country

3. Date Incorporated or Qualified  
**06/06/1996**

4. FEI Number **93-1209218**  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NC) Registered Agent signature required when reinstating \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCDP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAULIUS, EUGENE</b>	1.2 NAME	
STREET ADDRESS	<b>6900 E 2ND ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCOTTSDALE AZ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDS, CAROL</b>	2.2 NAME	
STREET ADDRESS	<b>6900 E 2ND ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCOTTSDALE AZ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POER, PAUL</b>	3.2 NAME	
STREET ADDRESS	<b>6900 E 2ND ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85251</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARSH, CLIFF S</b>	4.2 NAME	
STREET ADDRESS	<b>6900 E 2ND ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCOTTSDALE AZ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAN LAWRENCE</b>	5.2 NAME	
STREET ADDRESS	<b>6900 E. 2ND STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85251</b>	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	

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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; and that I am prepared 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 change.

SIGNATURE \_\_\_\_\_ DATE **5/1/98**

CR2E034 (10/97)