

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90237 038 \*\*\*150.00

0655845

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F96000002846**

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		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/06/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>93-1209218</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCDP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAULIUS, EUGENE		1.2 NAME	Grogan, James	
STREET ADDRESS	6900 E 2ND ST		1.3 STREET ADDRESS	6900 E 2nd ST	
CITY-ST-ZIP	SCOTTSDALE AZ		1.4 CITY-ST-ZIP	Scottsdale, AZ 85251	
TITLE	VS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, CAROL		2.2 NAME	Poer, Paul	
STREET ADDRESS	6900 E 2ND ST		2.3 STREET ADDRESS	6900 E 2nd ST	
CITY-ST-ZIP	SCOTTSDALE AZ		2.4 CITY-ST-ZIP	Scottsdale, AZ 85251	
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POER, PAUL		3.2 NAME	Kirsch, Randall	
STREET ADDRESS	6900 E 2ND ST		3.3 STREET ADDRESS	6900 E 2nd ST	
CITY-ST-ZIP	SCOTTSDALE AZ 85251		3.4 CITY-ST-ZIP	Scottsdale, AZ 85251	
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, DAN		4.2 NAME		
STREET ADDRESS	6900 E 2ND ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<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 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: \_\_\_\_\_ Date: **4-26-99** Daytime Phone #: **(480) 874-0706**

CR2E034 (11/98)