

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90096 029 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000001347

1. Corporation Name
KALAMA BEACH CORPORATION (CA)

Principal Place of Business 3536 HARDING AVE., STE 500 HONOLULU HI 96816-2453	Mailing Address 3536 HARDING AVE., STE 500 HONOLULU HI 96816-2453
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/10/1998	
4. FEI Number 95-4350907	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7499 Augusta National Dr.	2a. Mailing Address 26	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State 23 Orlando, FL	City & State 28	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24 32822	Country 25 USA	Zip 29	Country 30

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTON, THOMAS R	1.2 NAME	Kathleen Sullivan Wo
STREET ADDRESS	3536 HARDING AVE., #500	1.3 STREET ADDRESS	1892 Judd Street
CITY-ST-ZIP	HONOLULU HI	1.4 CITY-ST-ZIP	Honolulu, HI 96822
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Harvey Durand VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IKEBE, VERNON	2.2 NAME	1100 So. Catalina Ave.
STREET ADDRESS	3536 HARDING AVE., #500	2.3 STREET ADDRESS	Redondo Beach, CA 90277
CITY-ST-ZIP	HONOLULU HI	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAWANO, ANDREW T	3.2 NAME	Jeanette Oberhaus
STREET ADDRESS	3536 HARDING AVE., #500	3.3 STREET ADDRESS	5336 Appian Way
CITY-ST-ZIP	HONOLULU HI	3.4 CITY-ST-ZIP	Long Beach, CA 90803
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALL, ROGER J	4.2 NAME	Robert J. Costello
STREET ADDRESS	3536 HARDING AVE., #500	4.3 STREET ADDRESS	7340 E. Whistling Wind Way
CITY-ST-ZIP	HONOLULU HI	4.4 CITY-ST-ZIP	Scottsdale, AZ 85255
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, M J	5.2 NAME	
STREET ADDRESS	3536 HARDING AVE., #500	5.3 STREET ADDRESS	
CITY-ST-ZIP	HONOLULU HI	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, COLLEEN	6.2 NAME	
STREET ADDRESS	3536 HARDING AVE., #500	6.3 STREET ADDRESS	
CITY-ST-ZIP	HONOLULU HI	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)(l), 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: *Andrew T Kawano* **Andrew T Kawano** 1/21/99 (808) 739-3260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)