

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

|                                             |                                                                                   |                                                                                                    |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

FILED

97 AUG -5 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G13663

(1)

1. Corporation Name  
MAKALIKA, INC.



|                                                                       |                                                                  |
|-----------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>PO BOX 3485<br>VERO BCH FL 32964<br>US | Mailing Address<br>PO BOX 3485<br>VERO BCH FL 32964 - 3485<br>US |
|-----------------------------------------------------------------------|------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                |                        |                     |  |                                                                                                                                                                                                                                |                                       |
|--------------------------------|------------------------|---------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 2. Principal Place of Business |                        | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br>12/16/1982                                                                                                                                                                                | 3a. Date of Last Report<br>04/05/1996 |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |                     |  | 4. FEI Number<br>31-1050337                                                                                                                                                                                                    | Applied For<br>Not Applicable         |
| 22 City & State                | 27 City & State        |                     |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                      | \$8.75 Additional Fee Required        |
| 23 Zip                         | 28 Zip                 |                     |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                                                                             | \$5.00 May Be Added to Fees           |
| 24 Country                     | 29 Country             |                     |  | 8. This corporation <del>does</del> or has paid <del>an</del> <u>no</u> <del>tax</del> <u>return</u> on its tangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARR, MARY MARGARET RICH  
251 ISLAND CREEK DR  
JOHNS ISLAND  
VERO BCH FL 32963

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                      | PTD                          | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CARR, MARY MARGARET RICH     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 251 ISD CREEK DR.            | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | VERO BEACH FL 32963          | 1.4 CITY-ST-ZIP                                       | 32963                                                             |
| TITLE                      | ATD                          | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CARR, ROBERT F. III          | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 55 W. MONROE ST., SUITE 2550 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | CHICAGO IL 60603-5093        | 2.4 CITY-ST-ZIP                                       | 60603-5093                                                        |
| TITLE                      | VSD                          | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CARR, JOSEPH SAMPELL         | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1410 N STATE PKWY, #19A      | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | CHICAGO IL 60610             | 3.4 CITY-ST-ZIP                                       | 60610                                                             |
| 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 do 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.

SIGNATURE: M. CARR, MARY MARGARET RICH  
3485 BOX PO  
32963 FL VERO

CR2E034 (4/97)

MAKALIKA, INC.  
P.O. Box 3485  
Vero Beach, Florida 32964-3485

28 July 1997

Florida Dept. of State

Gentlemen:

With regards to this "Second Notice" of MAKALIKA, INC.'s Corporate Filing Fee: I called your office today immediately upon its receipt & explained, to a very nice & helpful woman in your employ, that this was the very first notice I had received this year.

Checking back in the records I found that it had usually been paid in March or the beginning of April - 1996 was paid on 1 April 1996 - She told me just to write a letter of explanation & enclose a check for \$165<sup>00</sup> - so here it is! - I have no idea what happened to the 1st one but I do know that it was never received by me -

Thank you for your courtesy in this matter -

Sincerely  
Mary Margaret Riel Carr, President