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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H99000

(2)

1. Corporation Name

MELBOURNE AIKIKAI, INC.



Principal Place of Business

850 PINTREE DR
INDIAN HBR BCH FL 32937

Mailing Address

850 PINTREE DR
INDIAN HBR BCH FL 32937-2625

3. Date Incorporated or Qualified
02/12/1986

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2638650

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

VINTROUX, WILLIAM
1158 POLK STREET
MELBOURNE FL 32935

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DTP ☐ DELETE

NAME VINTGROUX, WILLIAM
STREET ADDRESS 1158 POLK STREET
CITY-ST-ZIP MELBOURNE FL

TITLE DV ☐ DELETE

NAME TORQUATO, ROSS
STREET ADDRESS 1151 VALENCIA ST
CITY-ST-ZIP PALM BAY FL

TITLE DS ☐ DELETE

NAME PLASNER, SANDY
STREET ADDRESS 119 N TWIN LAKES RD
CITY-ST-ZIP COCOA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DTP ☒ Change ☐ Addition

1.2 NAME Vintroux, William
1.3 STREET ADDRESS 1158 Polk Street
1.4 CITY-ST-ZIP Melbourne, FL 32935

2.1 TITLE DV ☒ Change ☐ Addition

2.2 NAME Torquato, Ross DV
2.3 STREET ADDRESS 5441 BANANA Ave.
2.4 CITY-ST-ZIP Cocoa, FL 32926

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 300002166853
5.3 STREET ADDRESS -05706/97--01025--022
5.4 CITY-ST-ZIP ***165.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: William L. Vintroux 4/24/96 (407)254-1222

CR2E034 (9/96)