

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90099 004 \*\*\*150.00

DOCUMENT # H99000

1. Corporation Name

MELBOURNE AIKIKAI, INC.

Principal Place of Business

950 PINTREE DR  
INDIAN HBR BCH FL 32937

Mailing Address

950 PINTREE DR  
INDIAN HBR BCH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1986

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 VINTROUX, WILLIAM

82 Street Address (P.O. Box Number is Not Acceptable)  
1011 SUNSWEPT ROAD

83

84 City PALM BAY

85 Zip Code  
FL 32905

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/99

12. OFFICERS AND DIRECTORS

TITLE DTP ☐ DELETE  
NAME VINTROUX, WILLIAM  
STREET ADDRESS 1158 POLK STREET  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE DV ☐ DELETE  
NAME TORQUATO, ROSS  
STREET ADDRESS 5441 BANANA AVE.  
CITY-ST-ZIP COCOA FL 32926

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 1011 SUNSWEPT ROAD  
1.4 CITY-ST-ZIP PALM BAY, FL 32905

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

407 733-1618

Daytime Phone #

CR2E034 (11/98)