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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # **P93000067953** (8)

#### KONA TECHNOLOGY CORPORATION

Principal Place of Business

Mailing Address

## **FILED** Feb 11 1997 8:00am Secretary of State



1017-F S.E. 12TH AVE CAPE CORAL FL 33990 US		1017-F S.E. 12TH AVE CAPE CORAL FL 33990-3000 US						
					3. Date Incorporated or Qualified 09/23/1993	3a. Date 02/06/	e of Last Report 6/1996	
·	lace of Business	2a. Mailing Address	***************************************		4. FEI Number			pplied For
21		26		····	76-0414913			ot Applicable
	Burn	Suite, Apt #, etc. 27 4000 Dove	<u></u>		5. Certificate of Status Desired			Additional equired
City & Stat 23 /10 05	too Tx	City & State 28 1-1005 row	Tx		Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 776	87 25 USA	<sup>Zip</sup> 77087	Country 30 US	A		Yes 🗆 I	No.	. 199.032,
	9, Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Age	nt	
	NDERS, DAVE		81 1	Vame				
950 MOODY RDC <3126 ) N. FT. MYERS FL 33903				Street Addr	Address (P.O. Box Number is Not Acceptable) 44 126			
			83					
			84 (	City	······································	FL	35 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above n	amed corp	poration submits this statement for the p	urpose of ch	anging it	ts registered
agent 1 a	am famil ar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statutes.	ie corporat	tion's board of directors. I hereby accep	t trie appoin	iiioin as	registered
SIGNATURE.								
	Signature, typed or printed name of registered ager			ignature requir	red when reinstaling)	DATE	DEATA	DO 111 40
12.	OFFICERS AND	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Change	RS IN 12
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NAME	4000 DOVER		1.2 NAME					
STREET ADDRESS	HOUSTON TX 77087		1.3 STREET AD					
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STREET ADDRESS	HOUSTON TX 77087	2.3 STREET ADDRESS						
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STREET ADDRESS			6.3 STREET AC	ORESS	•			
CITY-S1-ZIP			6.4 CITY - ST-		*:			
Q1 E11			V , VIII , U.	<del></del>				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: