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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



LLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000015610 (6)

ALOHA TAN TIQUE, INC.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7P

TITLE

NAME

## **FILED** Apr 21 1998 8:00am Secretary of State

Change

\_\_\_ Addition

- I (BONIPA) (II (BN) BIBN BIBN BANG BANG BANG BANG INAG BINJO BINJO BINAG IKAN BANG BARA

Principal Plac	e of Business	Mailing Address			
3733 SOUTHSIDE BLVD 3733 SOUTHSIDE BLVD					
STE 4		STE 4			
JACKSONVILLE FL 32216 US		JACKSONVILLE FL 32216 US		DO NOT WRITE IN THIS SPACE	
00		00		3. Date Incorporated or Qualified 02/21/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3230775	Not Applicable
Suite, Apt.	#, otc.	Suite, Apt. #, etc.			\$8.75 Additional
22		[27]		5. Certificate of Status Desired	Fee Required
City & Stat	c	City & State		6. Election Campaign Financing	\$5.00 May Be
23	·····	28	r	Trust Fund Contribution	Added to Fees
Ζιρ	Country	Ζίρ 1201	Country	This corporation owes or has paid the	
24	25   g. Name and Address of Curre	29	[30]	Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No
	EFANT, FRED	we tredistated whole	81 Name	10. Haile and Address of New Register	en whelir
	50 PRUDENTIAL DR.				
	NITE 105		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
JACKŞONVILLE FL 32207			83		
•••			ļ., ļ.,		· · · · · · · · · · · · · · · · · · ·
			B4 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above named co		
office or r agent I a	registered agent, or both, in the Stat im familiar with, and accept the obli	le of Dorida. Such change was a gations of, Section 607.0505. Fic	authorized by the corpora orida Statutes.	rporation submits this statement for the purpos ation's hoard of directors. I hereby accept the	appointment as registered
SIGNATURE	•				
	Stgoature, typed or punted name of rejeticed as	The state of the s	Hegistered Agent's gnature req		·
12.	OFFICERS AF	ND DIRECTORS DEFE	13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME	SANGAREE, TERRI L	ויין זינונונ	1.1 TITLE		Change Addition
STREET ADDRESS	5749 SW 10TH PLACE		1.2 NAME		
CITY-ST-ZIP	GAINESVILLE FL 32607		1.3 STREET ADDRESS		
TITLE	D	DILLETE	1.4 CITY - S1 - 7(P 2.1 TITLE		Change Addition
NAME	SULLIVAN, KIMBERLY J		2.2 NAME		
STREET ADDRESS	6914 ALTAMA RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY - ST - ZIP		
TITLE	<del></del>	DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHY-\$1-7IP		
TITLE		DITEIE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP		**************************************	4.4 CITY-ST-7IP		
TITLE		L DETETE	51 THLE		Change Addition
NAME			5.2 NAME		
SZIRONA 1338TZ			5 2 CIDECT ADDRECS		· · · · · · · · · · · · · · · · · · ·

DELFTE

6.1 THEF

6.2 NAME

6.3 STREET ADDRESS

6 4 CITY - ST- ZIP 14. Thereby 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 13 if changed, or on an attack, injury with an address.