

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000032840 (8)**

1. Corporation Name:

**HAWAIIAN BREEZE, INC.**



Principal Place of Business:

**4505 PARK BLVD SUITE 9 & 10  
PINELLAS PARK FL 34665**

Mailing Address:

**4505 PARK BLVD SUITE 9 & 10  
PINELLAS PARK FL 34665**

2. Principal Place of Business:

2a. Mailing Address:

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**DAO, TAO  
4505 PARK BLVD SUITE 9 & 10  
PINELLAS PARK FL 34665**

3. Date Incorporated or Qualified  
**04/28/1994**

3a. Date of Last Report  
**03/24/1995**

4. FET Number

**59-3261923**

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

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 of Registered Agent or Secretary of Corporation)

(Signature of Agent or Secretary of Corporation)

DATE

12. OFFICERS AND DIRECTORS

|                |                                        |                                 |
|----------------|----------------------------------------|---------------------------------|
| TITLE          | <b>PRESIDENT</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>DAO, TAO</b>                        |                                 |
| STREET ADDRESS | <b>4505 PARK BLVD SUITE 9 &amp; 10</b> |                                 |
| CITY, ST, ZIP  | <b>PINELLAS PARK FL 34665</b>          |                                 |
| TITLE          |                                        | <input type="checkbox"/> DELETE |
| NAME           |                                        |                                 |
| STREET ADDRESS |                                        |                                 |
| CITY, ST, ZIP  |                                        |                                 |
| TITLE          |                                        | <input type="checkbox"/> DELETE |
| NAME           |                                        |                                 |
| STREET ADDRESS |                                        |                                 |
| CITY, ST, ZIP  |                                        |                                 |
| TITLE          |                                        | <input type="checkbox"/> DELETE |
| NAME           |                                        |                                 |
| STREET ADDRESS |                                        |                                 |
| CITY, ST, ZIP  |                                        |                                 |
| TITLE          |                                        | <input type="checkbox"/> DELETE |
| NAME           |                                        |                                 |
| STREET ADDRESS |                                        |                                 |
| CITY, ST, ZIP  |                                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST, ZIP  |                                                                   |

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

**TAO DAO** TAO DAO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/96 (813) 545-5678**  
DATE TELEPHONE NUMBER

CR2E034 (12/95)