FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059261 (5)**

1. Corporation Name

WILD KAHUNA, INC.

Principal Place of Business	Mailing Address
6276 INDIAN MEADOW ORLANDO FL 32819	6276 INDIAN MEADOW ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 59-3270339 ☐ 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

STAMP, MARTIN F
201 SO. ORANGE AVENUE
STE. 900
ORLANDO FL 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and the date of execution (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 TITLE P, D. 12 NAME M. SALEEM KHALIANI 13 STREET ADDRESS 6276 INDIAN MEADOW 14 CITY-ST-ZIP ORLANDO, FL 32819 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE VP, S, D 22 NAME M. OWAIS KHALIANI 23 STREET ADDRESS 6276 INDIAN MEADOW 24 CITY-ST-ZIP ORLANDO, FL 32819 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE D 32 NAME KHURSHID KHALIANI 33 STREET ADDRESS 6276 INDIAN MEADOW 34 CITY-ST-ZIP ORLANDO, FL 32819 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE D, VP 42 NAME H. HANI KHALIANI 43 STREET ADDRESS 6276 INDIAN MEADOW 44 CITY-ST-ZIP ORLANDO, FL 32819 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

REMITTED BY MAY 1

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)(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: _____ 5/7/95 (407) 377-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0061718 CP