

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

08/09/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

PORTLOCK, DAVID R
7353 SAND LAKE ROAD, #3
ORLANDO FL 32819

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, type or print name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KHANANI, M SALEEM
STREET ADDRESS 6276 INDIAN MEADOW
CITY-ST-ZIP ORLANDO FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE VPSD
NAME KHANANI, M OWAS
STREET ADDRESS 6276 INDIAN MEADOW
CITY-ST-ZIP ORLANDO FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME KHANANI, KHURSHID
STREET ADDRESS 6276 INDIAN MEADOW
CITY-ST-ZIP ORLANDO FL

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE DVP
NAME KHANANI, M HANI
STREET ADDRESS 6276 INDIAN MEADOW
CITY-ST-ZIP ORLANDO FL

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. OWAS KHANANI

6/11/96 407 397-2800

DATE DAYTIME PHONE #

CR2E034 (3/96)