PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9500001287

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90207 042 ***158.75

aloha i	PRODUCTIONS, INC.					
Principal Place	e of Business	Mailing Address			T (BENTAEN SIO NOINT BENTA BENTA BONTA BONTA BONTA PRINT PER NE	
4550 ELLWOOD DR. 4550 ELLWOOD DR. DELRAY BEACH FL 33445 DELRAY BEACH FL 33445					DO NOT WOLTE IN THE COACE	
		_			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/04/1995	
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number Applied For	
21 221	8-A	26 2218-A			65-0547577 Not Applicat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-5Certificate of Status Desired X \$8.75 Additional Fee Required	
City & State		City & State 28 FERNANDINA	BEACH	FC.	6. Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip 24 320	Country	Zip 29 32034 30	_ Country		8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Current				10. Name and Address of New Registered Agent	
KNAGA, EUGENE B JR. 4550 ELLWOOD DR. DELRAY BEACH FL 33445			81 82 83	82 Street Address (P.O. Box Number is Not Acceptable)		
			84	186	ERNANDINA BEACH FL 85 Zip Code 32034	
office or o	to the provisions of Sections 607.0502 agistered agent, or both, in the State or m familiar with, and accept the obligation	f Florida. Such change was auth ons of, Section 607.0505, Florida	orized by a Statutes	the corpo	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent		gistered Ager	√ € ₿ nt signature re	KNAGA JR. 4 30 99 quired when renstating)	
12.	OFFICERS AND		13.	r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	ļ	X ! Change ☐ Addi	
NAME	KNAGA, EUGENE B JR.		1.2 NAME		0010-0	
5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			ADDRESS	2218-A		
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-S	T-ZIP	FERNANDINA BEACH FL. 32034	
TITLE		☐ DELETE	2.1 TITLE		J Change ☐ Addi	
NAME	22		2.2 NAME			
STREET ADDRESS	TREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY- 5	T-ZIP		
TITLE		☐ DÉLETE	3.1 TITLE		☐ Change ☐ Addi	
NAME			3.2 NAME			

6.1 TITLE Change ☐ Addition DELETE TTLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Change

Addition

☐ Addition

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