

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

FILED

**Apr 14 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000002495 (6)
 1. Corporation Name
ALOHA KAI VACATION RENTALS, INC.



| | |
|--|--|
| Principal Place of Business 6020 MIDNIGHT PASS ROAD SARASOTA FL 34242-3212 | Mailing Address 6020 MIDNIGHT PASS ROAD SARASOTA FL 34242-3212 |
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|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 01/09/1995 | 3a. Date of Last Report 05/01/1996 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 65-0547718 | Applied For Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip Country | 28. Zip Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | 29. Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**BALL, RUTH A
 7425 BOUNTY DRIVE
 SARASOTA FL 34231-7921**

10. Name and Address of New Registered Agent
 81. Name
CHADWICK, JON D.
 82. Street Address (P.O. Box Number is Not Acceptable)
6455 MEKOWN RD
 83.
 84. City
SARASOTA FL 85. Zip Code
34242

11. Pursuant to the provisions of Sections 607.05(2) 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 *Jon D. Chadwick* **JON D. CHADWICK PRES.** DATE **4/7/97**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | PEDERSON, RUSSELL | |
| STREET ADDRESS | 4558 DEER CREEK BLVD | |
| CITY-ST-ZIP | SARASOTA FL 34238 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SCHEFFERT, CHRISTINE | |
| STREET ADDRESS | 888 BLVD OF THE ARTS, #1002 | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | CHADWICK, JON D | |
| STREET ADDRESS | 6455 MEKOWN RD | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | ALLISON, MARJORIE | |
| STREET ADDRESS | 5728 ANTIBES ST | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | BALL, RUTH A | |
| STREET ADDRESS | 7425 BOUNEY DRIVE | |
| CITY-ST-ZIP | SARASOTA FL 34231 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | PD |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | 34236 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | VD BARBARA J. NEWCOMER |
| 4.3 STREET ADDRESS | 3850 WEBBER ST. |
| 4.4 CITY-ST-ZIP | SARASOTA, FL. 34232 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | VD HILDE W. SMITH |
| 5.3 STREET ADDRESS | 6 MAGNOLIA DRIVE |
| 5.4 CITY-ST-ZIP | ENGLEWOOD, OH 45322 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

CR2E034 (9/96)