

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

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000011936 (8)**

1. Corporation Name
THE ALOHA MARKETING GROUP, INC.

Principal Place of Business 7380 SAND LAKE RD SUITE 521 ORLANDO FL 32819-5252	Mailing Address 7380 SAND LAKE RD SUITE 521 ORLANDO FL 32819-5252
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2. Principal Place of Business 21 370 Whooping Loop Suite, Apt. #, etc. 22 Suite 1184 City & State 23 Altamonte Springs, Fla. Zip 24 32701-3451	2a. Mailing Address 26 370 Whooping Loop Suite, Apt. #, etc. 27 Suite 1184 City & State 28 Altamonte Springs, Fla. Zip 29 32701-3451
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3. Date Incorporated or Qualified 02/13/1995	3a. Date of Last Report 04/18/1996
4. FEI Number 59-3290370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 NEIDHARDT, PATRICIA C 7380 SAND LAKE RD SUITE 521 ORLANDO FL 32819-5252	10. Name and Address of New Registered Agent 81 Name Patricia Neidhardt 82 Street Address (P.O. Box Number is Not Acceptable) 370 Whooping Loop 83 Suite 1184 84 City Altamonte Springs FL 85 Zip Code 32701-3451
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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 *Patricia Neidhardt* **Patricia Neidhardt** **1/15/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE Chairman & President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEIDHARDT, PATRICIA C		1.2 NAME PATRICIA NEIDHARDT	
STREET ADDRESS 7380 SAND LAKE RD SUITE 521		1.3 STREET ADDRESS 370 Whooping Loop Suite 1184	
CITY-ST-ZIP ORLANDO FL 32819-5252		1.4 CITY-ST-ZIP Altamonte Springs, Fla 32701-3451	
TITLE CSD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAINE, HENRY B		2.2 NAME	
STREET ADDRESS 7380 SAND LAKE RD SUITE 521		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32819-5252		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Patricia Neidhardt* **1/15/97** **407 831-8700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #