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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000065784

Principal Place of Business

A ALOHA LIMOUSINE AND TRANSPORTATION SERVICE, IN C.

1306 SE 161HS ST   CAPE CORAL FL 33990   US			CAPE CORAL FL 33990 US			
					DO NOT WRITE IN THIS SPACE	
į					3. Date Incorporated or Qualifed 08/24/1995	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied Fo	r
21 Same		—	26 (Sane		65-0533301 Not Applica	able
Suite, Apt. #, etc.			Suite, Apt. #, etc.		\$8.75 Additiona	
22		27	27		5. Certificate of Status Desired Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax.	
	9. Name and Address	of Current Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
1	TON, DONALD		82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
	SE 16TH ST				1000	
CAPE CORAL FL 33990			83		7,00	
			84	City	FL 85 Zip Code	
11 Purcuant	to the provisions of Sections	s 607 0502 and 607 1508. Florida Statut	es the above	e-pamed corr	poration submits this statement for the purpose of changing its register	ed
l office or r	anistered agent or both in t	the State of Florida, Such change was all	HIDORIZAG DVE	the corporati	ion's board of directors. Thereby accept the appointment as registered	
agent. La	m familiar with, and accept t	the obligations of, Section 607.0505, Flor	rida Statutes	\		I
SIGNATURE	Signature, typed or printed name of re	W HT ION	Registered Agen	Signature require	ed when reinstating) DATE	. [
12.		CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	D	☐ DELETE	1.1 TITLE		Change Ad	dition
NAME	PATTON, DONALD		1.2 NAME			1
STREET ADDRESS	1306 SE 16TH ST		1.3 STREET	ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST	r-7IP		
TITLE	VST	☐ DELETE	2.1 TITLE		☐ Change ☐ Ad	dition
NAME	PATTON, BARBARA		22 NAME		·	
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-S			
TITLE	ONI E OOIME I E	☐ DELETE	3.1 TITLE		Change Ad	idition
NAME			3.2 NAME			ļ
STREET ADDRESS			3.3 STREET	(ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	Ĭ		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Ad	dition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	TADDRESS		
			4.4 CITY-S			
CITY-ST-ZIP		☐ DELETE	51 TITLE		☐ Change ☐ Ad	ldition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
			54 CITY-S			
CITY-ST-ZIP		☐ DELETÉ	6.1 TITLE	-	☐ Change ☐ Ad	ddition
I HILE		Jee-10	1	1	3-40	

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 copporation 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 any address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90028 037 \*\*\*150.00