

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. Martham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000076080 (7)

1. Corporation Name

MAHALO SERVICES, INC.



Principal Place of Business

Mailing Address

2007 SHORELAND DRIVE
 AUBURNDALE FL 33823

2007 SHORELAND DRIVE
 AUBURNDALE FL 33823

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt #, etc	26 Suite, Apt #, etc	10/05/1995	
22 City & State	27 City & State	4. FEI Number	Applied For 59-3345093 Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 25	29 30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAUSER, CAROL S 2007 SHORELAND DRIVE AUBURNDALE FL 33823		10. Name and Address of New Registered Agent	
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: Carol S. Hauser, Date of registration of and title of application (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p><input type="checkbox"/> DELETE</p> <p>D HAUSER, CAROL S 1180 HAVENDALE BLVD NW WINTER HAVEN FL 33881</p>		<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>D HAUSER, CAROL S. 303 B HAVENDALE BLVD. AUBURNDALE, FL 33823</p>
<p><input type="checkbox"/> DELETE</p>		<p>11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>		<p>21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>		<p>31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>		<p>41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>		<p>51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>		<p>61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP</p>

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 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

Carol S. Hauser

6/14/94

941-9628037

CR2E034 (3/96)