

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 OCT 15 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 96000001742 (1)

1. Corporation Name

Big KAHUNA ENTERPRISES INC

BIG KAHUNA ENTERPRISES INC.

Principal Place of Business

Mailing Address

32223 Blackwater oaks Dr  
Eustis FL

|                                                                                         |                                                          |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report                                  |
| 1-2-1996                                                                                | 1996                                                     |
| 4. FET Number                                                                           | Applied For                                              |
| 59-3363329                                                                              | Not Applicable                                           |
| 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required                           |
| <input type="checkbox"/>                                                                |                                                          |
| 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees                              |
| <input type="checkbox"/>                                                                |                                                          |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Stiverson Sam Richard  
32223 Blackwater oaks Dr.  
Eustis, FL 32726

|                                                        |
|--------------------------------------------------------|
| 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|       |                       |                           |                 |                                 |
|-------|-----------------------|---------------------------|-----------------|---------------------------------|
| TITLE | NAME                  | STREET ADDRESS            | CITY-ST-ZIP     | <input type="checkbox"/> DELETE |
|       | Stiverson Sam Richard | 32223 Blackwater oaks Dr. | Eustis FL 32726 |                                 |
| TITLE | NAME                  | STREET ADDRESS            | CITY-ST-ZIP     | <input type="checkbox"/> DELETE |
| TITLE | NAME                  | STREET ADDRESS            | CITY-ST-ZIP     | <input type="checkbox"/> DELETE |
| TITLE | NAME                  | STREET ADDRESS            | CITY-ST-ZIP     | <input type="checkbox"/> DELETE |
| TITLE | NAME                  | STREET ADDRESS            | CITY-ST-ZIP     | <input type="checkbox"/> DELETE |
| TITLE | NAME                  | STREET ADDRESS            | CITY-ST-ZIP     | <input type="checkbox"/> DELETE |

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 type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAM Stiverson

10-2-97

Date

Daytime Phone #

407 8312477

CR2E034 (9/96)

(2)

Division of Corp,

I never received an Annual Report in mail to file. I'm a new corp. and didn't know Filing was due in May. I thought it was in August because I used to have an LLC that required filing in August. Well when I called Div. of Corps to inquire about filing I was told that it was past due and they would send me an report to file. They told me to explain my situation and ask not to be charged late fee. I am enclosing Report & check for 165<sup>00</sup> please waive late fee for I never received Annual report in spring to be filed. Thanks

Sincerely,

Sam ~~Stevens~~

Big Kahuna Enterprises Inc.