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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27 1998 8:00am Secretary of State

See North 18 434 See Estate FAGE LONGWOOD FL 32779 See Estate FAGE LONGWOOD FL 32779 Solid North 18 404 See Estate FAGE LONGWOOD FL 32779 Solid North 18 405 Solid North	FLOWE	MENT # P9600 RS ALOHA, INC.				
SUITE SPANOS F. 2719 B. Principal Place of Business 2. Maling Address 3. Date Incorporated or Qualified (3) 20 196 Section 50 Section 60 Sect	Principal Place of Business		Mailing Address			
ALTALOME SPRINGS FL 22714 B. Principal Place of Business 2a. Mailling Agridess 2b. Mailling Agridess 2c. Maill		SR 434				
See Mating Address See Matin			LONGWOOD FL 32779		DO NOT WRITE IN T	THIS SPACE
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2p Country Zip Country Zip Country Zip Zip Country Zip Z					Election Campaign Financing	\$5.00 May Ro
Zip Country 28	23		28 LONGWOOD	FL	' ' ' -	
28		Country			a. This corporation owes or has paid th	e current year Intangible
### Signary Robert Si	24	25	29 32779	30 USA		
SIGNATURE TILE WITTEKIND, KIMBERLY D SIRET ADDRESS CITY-ST-ZP ITTLE STREET ADDRESS CITY-ST-ZP ITTLE WITTEKIND, KIMBERLY D SIRET ADDRESS CITY-ST-ZP ITTLE STREET ADDRESS CITY-ST-ZP ITTLE DELETE STREET ADDRESS CITY-ST-ZP ADDITIONS/CHANGES IN ADDRESS ADDITIONS/CHANGES IN ADDRESS CITY-ST-ZP Change Addition Change Change Change Addition Change Change		9. Name and Address of Currer			10. Name and Address of New Registe	ered Agent
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Soction 607 0505, Florida Statutes. SIGNATURE Signature Signatur	506	ESTES PLACE		82 Street Add 82 5 3 83 84 City	PALM PARK GIROLE, A	ISE 7in Code
TITLE WITTEKIND, ROBERT L SIREET ADDRESS CITY-ST-ZIP TITLE WITTEKIND, KIMBERLY D STREET ADDRESS CITY-ST-ZIP WITTEKIND, KIMBERLY D STREET ADDRESS CITY-ST-ZIP LONGWOOD FL STREET ADDRESS CITY-ST-ZIP WITTEKIND, KIMBERLY D STREET ADDRESS CITY-ST-ZIP LONGWOOD FL STREET ADDRESS CITY-ST-ZIP TITLE S SOB ESTATES PLACE CITY-ST-ZIP TITLE SITRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE SITRET ADDRESS CITY-ST-ZIP	office of re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was a patiens of, Section 607 0505, Flo	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accept the	e appointment as registered
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 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		ertify that the information supplied a	with this filing does not qualify to		n Section 119 07(3)(i) Florida Statutos I furth	er certify that the information

mai armosi report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it arm ar eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in