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 # P9600066551

KEALOHA, INC.

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90014 010 ***150.00



Principal Place of Business Mailing Address								
BOL NW 21ST WAY 5801 NW 21ST WAY								
BOCA RATON F	FL 33496	BOCA RATON FL 33496			DO NOT WRITE IN T	HIS SPACE		
		•			3. Date Incorporated or Qualifed			
	•				08/07/1996	. •	, ,	
				<u> </u>	4. FEI Number	Ani	olied For	
2. Principal Place of Business 2a. Mailing Address				65-0684582		Applicable		
1 26				\$8		dditional		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re		
2		27			Fig. 2. Secretary Financing	\$5.00	May Bo	
		City & State	/ & State			5. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
3 28		28	L		Trast I and Contabolicit			
Zip Country		Zip	Zip Country		8. This corporation owes the current year Intangible			
4	25	29	30		Personal Property Tax. 10. Name and Address of New Register			
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New Nogista		-	
OFIC	OUADI FO D							
), CHARLES P	•		82 Street Add	ress (P.O. Box Number is Not Acceptable)		·	
	NW 21ST WAY				2 LDF - 10 DF 47 F FF 15 EST 27 3	38-18 36-78 - 1-8510 301-8 4314 8318 90-8	Child Indiana	
BOC	CA RATON FL 33496			83				
7.				84 City		85 Zip (Code	
				1 1 7		FL		
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the a	bove-named con	poration submits this statement for the purpor	se of changing its innointment as re	registered aistered	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a stions of Section 607.0505, Flo	autnorizeo orida Stat	utes.	poration submits this statement for the purpoi ion's board of directors. I hereby accept the a		•	
•	* * *	• ,						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered	Agent signature requir	ed when reinstating) DA		DC 11.42	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	Addition	
TITLE	DPST	☐ DELETE	1.1 T	ITLE	\$1.65 255	Gridings		
NAME	REID, CHARLES P		1.2 N	AME	•			
STREET ADDRESS	5801 NW 21ST WAY		1.3 S	TREET ADDRESS	•			
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 C	TY-ST-ZIP		□ Ch	- Addition	
TITLE		☐ DELETE	2.1 T	ml é		☐ Change	Addition	
			2.2 N	IAME				
NAME ADDRESS			2.3 9	TREET ADDRESS	•			
STREET ADDRESS	Year in the second	a same a marine	2.4	CITY+ST-ZIP				
CITY-ST-ZIP		DELETE	3.1 T	TILE		Change	Addition	
TITLE	A ROMARIEE D		3.2 N	AME				
NAME	PROPERTY CONT		3.3 5	STREET ADDRESS	49 11 11 11 11 11 11 11 11 11 11 11 11 11	l 숙작 #., (15년 왕)	entriff the	
STREET ADDRESS	学校联联系 2573			CITY-ST-ZIP			是實門時	
CITY-ST-ZIP	1111	☐ DELETE	_	TITLE	人工 计二次 工工 医髓性 经利益	Change	Addition	
TITLE `				NAME				
NAME BY C. S	i degrada de la composição	3.4.3		STREET ADDRESS		•		
STREET ADDRESS	S (migra							
CITY-ST-ZIP	1		4.4 (CITY-ST-ZIP			Addition	
TITLE ' '		I I DEJETE	E 4 *			☐ Change		
NAME		☐ DELETE	5.1		Paragraphy and the second	∐ Change	* • • •	
STREET ADDRESS		☐ DELETE	5.21	NAME.		Change	*	
	s	☐ DELETE	5.21 5.3	NAME STREET ADDRESS	garanta da la composition de la composition della composition dell	Change	* • • •	
CITY-ST-ZIP	1378	·	5.2 I 5.3 i 5.4 i	NAME STREET ADDRESS CITY-ST-ZIP			Addition	
CITY-ST-ZIP	1978) 1923: 1981 E. F.	☐ DELETE	5.21 5.33 5.44 6.11	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
	1 0451 1 1221 (1970) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·	5.21 5.33 5.44 6.1	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			Addition	
TITLE	Factor (1997)	·	5.21 5.33 5.44 6.1	NAME STREET ADDRESS CITY-ST-ZIP			Addition	

14. Thereby 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 his 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, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

954977-4211