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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068489 (9)

ALOHA REALTY, INC.

## FILED Feb 06 1998 8:00am Secretary of State

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Principal Plac	ce of Busines	22		M	lailing Address				····			/  <b>                                    </b>			
13430 MIRELLA ST															
PENSACOLA FL 32507 PENSACOLA FL 32507															
										DO NOT WRITE IN THIS SPACE					
										3. Date Incorporated or Qualified 08/14/1996					
2. Principal Place of Business 2a, Mailing Address										4. FEI Number	· · · · · · ·				
21	1404 01 0000				26					59-3395463			Applied For Not Applicable		
Suite, Apt.	#, etc.				Suite, Apt. #, etc.								Additional		
22				27	27					5. Certificate of Status Desired			Required		
City & Stat	te				City & State					6. Election Campaign Financing		\$5.00	May Be		
23					28					Trust Fund Contribution			to Fees		
Zip 24	Country			-	Zip Cou			1		8. This corporation owes or has paid the					
[24]	9 Name	25 and	Address of Curre	29	tored Agent	30				Personal Property Tax due June  10. Name and Address of New Re	_		□ No		
D)	FORD, LOI		······	iii iiogis	nored Agent		81	Nan	ne	10. Name and Address of New A	agistereo .	Agent			
	430 MIRELI						82								
PENSACOLA FL 32507								Stre	et Addre	dress (P.O. Box Number is Not Acceptable)					
· •							83	!				·			
								<u> </u>							
							84	City			FL	<b>85</b> Zip	Code		
11. Pursuant	to the provis	sions	of Sections 607.05	02 and 6	07.1508, Florida S	Statutes, the	above	e-nam	ed corpo	oration submits this statement for the		changing	its registered		
office of f	registered aç ım f <b>a</b> miliar w	gent, ith, a	or both, in the Stat n <b>d a</b> ccept the oblig	e of Florid gations of	da. Such change i f, Section 607.050	was authoriz 15, Florida St	ed by atutes	y the c s.	orporatio	oration submits this statement for the on's board of directors. I hereby acce	pt the app	ointment as	s registered		
SIGNATURE													į		
	Signature, typed	or prin	ted name of registered ap				-	angia Ins	lure required	d when reinstating)	DATE				
12.	<b> </b>		OFFICERS AF	4D DIREC	OTORS DELETE	13				ADDITIONS/CHANGES TO OFFI	CERS AND				
	RUFOR	n I	H AZILIC	<del></del>			1.1 THILE 1.2 NAME					Change	Addition [		
NAME Street address	BUFORD, LOUISA H 13430 MIRELLA ST								_						
CITY-ST-ZIP			FL 32507					1.3 STREET ADDRESS  1.4 CITY-ST-ZIP					[		
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STREET ADORESS								ADDRES					Ī		
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NAME						3.21	NAME								
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CITY-ST-ZIP						3.4.	CITY-S	ST-ZIP							
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NAME						4.2	NAME								
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CITY-ST-ZIP							ITY-S	1 - 71P							
TITLE					☐ DELETE							Change	☐ Addition		
NAME							IAME								
STREET ADDRESS						•		ADDRES	S				1		
CITY-ST-ZIP					DELFTE		ATY-ST	1 - Z(P					1 page :		
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STREET ADDRESS						6.21		ADDRESS							
						. I		ADDRES:	`						
CITY-ST-ZIP						0.4 (	IIY-S	1 - 2 It							

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 corporation or the receiver or trustee enipowered 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.