\*\*SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

	PROFIT (SEE STATE OF THE SEE STATE OF THE SEC STATE OF TH	· · · · · · · · · · · · · · · · · · ·	<del>-i</del>	-
COF	RPORATION (1)	FLORIDA DEPARTI		
ANN	JAL REPORT	Secretary	•	FILED
	1997	DIVISION OF CO	DRPORATIONS	97 OCT -6 AM 9: 16
DOCU	MENT # P9600	0075310 (8)		
KAHUNA MANAGEMENT, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA
14 (110)	· III WIT (SETTEMENT) THE			I MANUAL NA CHIE ANNI DANI DANI ANDI ANNI ANNI NINA NINA
Dringing Diag	a al Duniana	Mailine Addross		
Principal Place 5131 RECKER		Mailing Address 5131 RECKER HIGHWAY		
WINTER PARK	FL \$3880	WINTER PARK FL, 33880		DO NOT WRITE IN THIS SPACE
10633 HATTOUS DE		10633 LATTERIS IL		3. Date Incorporated or Qualified 3a. Date of Last Report
2 Principal P	1 N 3361S Plage of Business	TAMPA 12 3	5615	08/19/1996 4. FELNumber 69-3 40314-7 Applied For
10633	Verreus De.	26 10633 HATTELLA	15 De	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
City & Stat		City & State		6. Election Campaign Financing \$5.00 May Be
23 1A	MPA Y Country	28 TAWA , 12	Country A	Trust Fund Contribution Added to Fees
Zip 2/3/6	16 25 VST	29 33615 3		8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No
	······································		81 Name	10. Name and Address of New Registered Agent
	RPORATION SERVICE COMPAN 1 HAYS STREET	· <b>T</b>		Address (P.O. Box Number is Not Acceptable)
	LAHASSEE FL 32301			Address (P.O. Box Number is Not Acceptable)
			83	
			84 City	FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	02 and 607.1508, Florida Statutes e of Florida. Such change was au	the above-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m tamiliar with, and accept the obliq	gations of, Section 607.0505, Florid	da Statutes.	
SIGNATURE	Signature typed or priofed name of registered a			required when reinstaing) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P	ND DIRECTORS  DELETE	13.	Change Addition
NAME	DENIGHT, W J		1.2 NAME	DENIGHT, WILLIAM J 10633 HATTERAS DA
STREET ADDRESS CITY-ST-ZIP	5131 RECKER HIGHWAY WINTER PARK FL 33880		1.3 STREET ADDRESS 1.4 CHTY-ST-7IP	TAMPA, 1 3361
TITLE		DELETE	21 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS   CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STHEET ADDRESS	5000023160653 -10/09/9701068008 ****165.00 ****165.00
CITY-ST-ZIP			3 4. CITY - ST - ZIP	
TITLE		☐ DEFELE	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	
CITY ST-ZIP		- Inches	4.4 CITY - ST - ZIP	
TITLE NAME		☐ DELETE	5.1 NITLE 5.2 NAME	Change Addition
STREET ADDRESS			5.3 STREET ADDRESS	_
CITY-ST-ZIP		Derrie	5.4 CHY-ST-2IP	Change ) Addition
TITLE NAME		DETETE	6.1 TITLE 6.2 NAME	Change   L. Addition
STREET ADDRESS			6.3 STREET ADDRESS	V7X∕
CITY-ST-ZIP	by certify that the information supply	ed with this filing does not aualify	6 4 CITY-ST-ZIP for the exemption s	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio	on indicated on this annual report of flicer or director of the doctoration of	supplemental ar nual report is true the receiver or trusted empower	e and accurate and ed to execute this r	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the I that my signature shall have the same legal effect as if made under oath; that report as required by Chapter 607, Florida Statutes; and that my name
appears i	n Block 12 or Block 13 if dhanged,			0/10/10 0000 300
010N14T	une. HUCLU	MUNICATION	111111	9 12 197 813-804-2579

## 9/13/91

Alpartment of State
State of Phorida
Whision of Corporations
Po. Box 1500 |
Tallahassee, fr 32302-1500

ME: Kahuna Management, Src. Doc# p96000075310 Men Sie n Madam:

Enclosed you'll find payment of \$165.00 for my annual report. Payment of \$165.00 for my annual report of this 2015 mail prior to my receipt of this 2015 notice pachage on 9/13/147. I this 2015 notice of Am a one person company and left 513/ Pecher Highway, with Haven, It 33880 lin May of this yelow. The occupants & this building sent to this ortice to me with other mail sent to this address.

A Changed my mailing address with the Horida Allpartenent of November & assumed all state departments would've noticed the address Change.

My company is larely solvent and I am

Page II.

trying to pay my bills.

I had no claser to designed prior notices if I received them I with a written by instructions quien me by your representative a the Ahme member of Called. Thank your I called.

W. Janey Welf 10633 HAHEERS DR NAMPH, PZ 33615 (813) 854-3519