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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



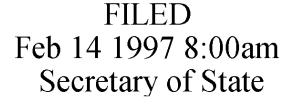
FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthani

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093536 (6)

HAWAIIAN OCEAN INN ASSOCIATES, INC.





201 NORTH FL	EACH FL 334	WES	201-NORTH FLAGLER DRIVE- WEST PALM BEACH FL 39481-4709										
3550 S 5. Palm	_	_	3550 S. Ocean Blod 5 Palin Bch, Fl 33480					<ol> <li>Date Incorporated or Qualified</li> <li>11/14/1996</li> </ol>	3a. Date of Last Report				
2. Principal Pla	acc of Busin	ess	2a. N	lailing Addre	ISS				4. FEI Number		A	pplied For	
21			26						65.0707945			ot Applicable	
Suite, Apt #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23				City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Ζφ <b>24</b>	Zφ Country 29				Zip Country  30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	ent Registe	red Agent		10. Name and Address of New Registered Agent									
LARI	IENBERG, P.A.				8	81 Name							
2424 NORTH FEDERAL HIGHWAY SUITE 455						Ē	82 Street Address (P.O. Box Number is Not Acceptable)						
, BOCA RATON FL 33431						[6	13						
, , ,			4-	_		- 1	4 City			FL	•   '   '	Code	
11. Pursuant t office or re agent. I ar	lo the provisi egistered ag m familia wi	ons of Sections 607 ent, or both, in the ca h, and accept Wayob	502 and 607 ate of Florida ligations of,	.1508. Florid . Such chang section 607.0	a Statutes ge was au 0505, Flori	, the abo thorized da Statu	by the corpores.	orpora oration	tion submits this statement for the s board of directors. I hereby acc	purpose o	of changing incomment as	its registered s registered	
SIGNATURE	SIGNATURE ( )												
10	Signature typed	printed name of registered			(NOTE: I	Registered /	Agent signatura re	equired w	nen reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	10 IAI 20	
12. TITLE	D	OFFICERS 7	AND DIRECT	DEL DEL	FTF	1.1 BIL	r T		ADDITIONS/CHANGES TO OFF	IUENO ANI	Change	RS IN 12 Addition	
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STREET ADDRESS		TH FLAGLER DRIV	E				EET ADDRESS					9	
		LM BEACH FL 334					-ST-ZIP						
CITY-ST-ZIP TITLE				DÉI	LEYE	2.1 TITL					Change	Addition	
NAME						2.2 NAN	1	•					
STREET ADDRESS							EET ADDRESS			:			
CITY-ST-ZIP							Y-ST-ZIP		•			-	
TIYLE				☐ D£I	LETE	3.1 TITL					Change	Addition	
NAME						3.2 NAN	AE .					1	
STREET ADDRESS						3.3 STR	EET ADDRESS						
CITY-S1-ZIP						3.4. CIT	Y-\$T-ZIP						
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NAME						4. 2 NA	ME						
STREET ADDRESS						4.3 STR	EET ADDRESS						
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HILE				☐ DEI	LETE	5.1 TITL	-				L. Change	Addition	
NAME						5.2 NAM							
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CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	T per	LETE		(-ST-ZIP				Chanca	Addition	
TITLE				☐ DEI	LEIE	6.1 TITL					☐ Change	Addition	
NAME						62 NAM							
STREET ADDRESS							EET ADDRESS						
CITY-ST-7IP	nu nortili di i	the information a	ا ⊨فطشه امصاد	filipa dosc	not overlie		Y-ST-ZIP	ated in	Section 119.07(3)(i), Florida State	toe I forth	or cortifu the	at the	
informatio	n indicated i	on this annual report i	or supplemei	ntal annual re	eport is tru	ievanvolad	ccurate and t	that my	section 119.07(3)(1), Florida State / signature shall have the same le s required by Chapter 607, Florida	gal effect a	as if made u	inder oath; that	