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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000019741 (2)

KAI SURF SHOP, INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place 3716 NAVY BI PENSACOLA I	LVD	Mailing Address 3716 NAVY BLVD PENSACOLA FL 32507		·····	DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2. Principal P	lacé of Business	28. Mailing Address 26			03/04/1997 4. FEI Number 59-2442-863 Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	Z (p)	Country	<u> </u>	Trust Fund Contribution Added to Fees
24	25	├ ─ `	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
-: I.	9. Name and Address of Current				10. Name and Address of New Registered Agent
	'M S AN, NOEL S III		81	Name	
	O VIA DE LUNA #E201		82	Street Add	dress (P.O. Box Number is Not Acceptable)
PEN	NSACOLA BEACH FL 32561				,
			83		
			84	City	85 Zip Code
44 5	10.	1005 1500 Ft 11 Bt		L	FL
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typod or profind name of registered agent and till elif applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
12.	Signature, typod or printed name of registered agent OFFICERS AND		Registered Age	ent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	WHITMAN, NOEL S		1.2 NAME		Change Acouton
STREET ADDRESS	1600 VIA DE LUNA #E201		1.3 STREET	ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561		1.4 CITY-S		
TITLE	18	☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	1600 VIA DE LUNA #E201		2.3 STREET ADDR		
CITY-ST-ZIP	PENSACOLA BEACH FL 32561		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3 3 STREET	ADDRESS	
CITY-ST-ZIP		Topiere	3.4. CITY-5	ST - Z(P	
TITLE		DELETE	4.1 TITLE		L_I Change
NAME CIDITY ADDRESS			4.2 NAME	*******	,
STREET ADDRESS			4.3 STREET		// /
CITY-\$T-ZIP		☐ DELETE	44 CiTY-S 51 TiTLE	1-2119	☐ Chapde ☐ Addition
NAME			52 NAME	ļ	
STREET ADDRESS			5.3 STREET	ADDRESS	<pre></pre>
CITY-ST-ZIP			5.4 CITY - S		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		400002532334 -05/22/98010020 #2
STREET ADDRESS			6.3 STREET	ADDRESS	-05/22/98010020 42
CITY-ST-ZIP			6.4 CITY - S	1 - ZIP	***150.00
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 is strue and issure 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 empowers in 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 ad tress					