

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 09, 1999 8:00 am**  
**Secretary of State**

09-09-1999 90003 035 \*\*\*158.75

DOCUMENT # **P98000099893**

Corporation Name

**ALOHA ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

**727 HARBOR BEACH PARKWAY  
FORT LAUDERDALE FL 33316**

**2727 HARBOR BEACH PARKWAY  
FORT LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/01/1998**

4. FEI Number

**105-0880396**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.



Yes



No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASCOLO, WAYNE K A.  
2727 HARBOR BEACH PARKWAY  
FORT LAUDERDALE FL 33316**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

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 office 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, typed or printed name of registered agent and title if applicable.

**WAYNE A. MASCOLO, PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/1/99**

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST ADDRESS	<b>D/P MASCOLO, WAYNE A 2727 HARBOR BEACH PARKWAY FORT LAUDERDALE FL 33316</b>	<input type="checkbox"/> DELETE
ST ADDRESS	<b>V/P MASCOLO, JAMES 2727 HARBOR BEACH PARKWAY FORT LAUDERDALE FL 33316</b>	<input type="checkbox"/> DELETE
ST ADDRESS	<b>S/D/T BILBAO, DONNA 3030 HOLIDAY DRIVE FORT LAUDERDALE, FL 33316</b>	<input type="checkbox"/> DELETE
ST ADDRESS	<b>V/D SHEWMAKER, WENDY 2727 HARBOR BEACH PARKWAY FORT LAUDERDALE FL 33316</b>	<input type="checkbox"/> DELETE
ST ADDRESS		<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 empowered 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.

SIGNATURE

Signature and typed or printed name of signing officer or director

**WAYNE A. MASCOLO**

**PRESIDENT**

Date

**9/1/99**

Daytime Phone #

**954 462-5414**

CR2E034 (5/99)

0064931

Aloha Enterprises, Inc.  
2727 Harbor Beach Parkway  
Fort Lauderdale, FL 33316

P9800099893  
613847-90003

September 1, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Aloha Enterprises, Inc. (P9800099893) Annual Report

Dear Sir or Madam,

We have received a second notice from your office requesting that we file an annual report. We have no record of having received a first notice. Therefore, we have enclosed a check payable to the Department of State in the amount of \$158.75, representing the annual fee of \$150.00, and for the certificate of status fee of \$8.75.

Please accept our report and our payment as payment in full as we did not receive your first notice. Thank you for your consideration and cooperation in this matter. Also, please add the officers listed on the report to your files. Thank you for your assistance.

Very Truly Yours,

Wayne A. Mascolo, President

