SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8: 26

DOCUMENT # V28660 (1)

1. Corporation Name
PALM BEACH AIKIKAI CORPORATION

Principal Place of Business
4353 TREVI COURT
LAKE WORTH FL 33467

Mailing Address
4353 TREVI COURT
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1992
3a. Date of Last Report: 07/18/1994
4. FEI Number: 65-0383623 — 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25
2a. Mailing Address 26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent
WOOD-COHAN, HARVEY
4353 TREVI COURT
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 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) (NOTE: Registered agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1 1 TITLE	☒ Change ☐ Addition
NAME	WAGONER, RICHARD	1 2 NAME	WAGENER, RICHARD
STREET ADDRESS	228 34TH STREET	1 3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	1 4 CITY-ST-ZIP	
TITLE	V	2 1 TITLE	☐ Change ☐ Addition
NAME	SUSAN, JOHN	2 2 NAME	
STREET ADDRESS	639 JAMESTOWN BLVD., APT. 2154	2 3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32715	2 4 CITY-ST-ZIP	
TITLE	ST	3 1 TITLE	☒ Change ☐ Addition
NAME	WOOD-COHN, HARRY	3 2 NAME	WOOD-COHAN, HARVEY
STREET ADDRESS	4353 TREVI COURT	3 3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] HARVEY WOOD-COHAN, 6/29/95 407-433-9684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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