

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

**FILED**

**Apr 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000002495 (6)**  
1. Corporation Name  
**ALOHA KAI VACATION RENTALS, INC.**



Principal Place of Business Mailing Address  
**6020 MIDNIGHT PASS ROAD SARASOTA FL 34242-3212**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/09/1995	05/01/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	65-0547718	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**BALL, RUTH A  
7425 BOUNTY DRIVE  
SARASOTA FL 34231-7921**

10. Name and Address of New Registered Agent

81	Name	<b>CHADWICK, JON D.</b>	
82	Street Address (P.O. Box Number is Not Acceptable)	<b>6455 MEKOWN RD</b>	
83			
84	City	<b>SARASOTA</b>	85 Zip Code
		<b>FL</b>	<b>34242</b>

11. Pursuant to the provisions of Sections 607.05(2) 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 *Jon D. Chadwick* **JON D. CHADWICK PRES.** DATE **4/7/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>PEDERSON, RUSSELL</b>	
STREET ADDRESS	<b>4558 DEER CREEK BLVD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHEFFERT, CHRISTINE</b>	
STREET ADDRESS	<b>888 BLVD OF THE ARTS, #1002</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHADWICK, JON D</b>	
STREET ADDRESS	<b>6455 MEKOWN RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALLISON, MARJORIE</b>	
STREET ADDRESS	<b>5728 ANTIBES ST</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BALL, RUTH A</b>	
STREET ADDRESS	<b>7425 BOUNEY DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>34236</b>
4.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>BARBARA J. NEWCOMER</b>
4.3 STREET ADDRESS	<b>3850 WEBBER ST.</b>
4.4 CITY-ST-ZIP	<b>SARASOTA, FL. 34232</b>
5.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>HILDE W. SMITH</b>
5.3 STREET ADDRESS	<b>6 MAGNOLIA DRIVE</b>
5.4 CITY-ST-ZIP	<b>ENGLEWOOD, OH 45322</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (9/96)