

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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90028 028 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000002495

1. Corporation Name
ALOHA KAI VACATION RENTALS, INC.



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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|----|------------------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/09/1995 | |
| 21 | 26 | 4. FEI Number 65-0547718 | | Applied For Not Applicable | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip Country | | 29 Zip Country | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

SCHEFFERT, CHRISTINE F
888 BLVD. OF ARTS #1002
SARASOTA FL 34236

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | TD <input checked="" type="checkbox"/> DELETE |
| NAME | PEDERSON, RUSSELL |
| STREET ADDRESS | 4558 DEER CREED BLVD |
| CITY-ST-ZIP | SARASOTA FL 34238 |
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | SCHEFFERT, CHRISTINE |
| STREET ADDRESS | 888 BLVD OF THE ARTS, #1002 |
| CITY-ST-ZIP | SARASOTA FL |
| TITLE | DASV <input type="checkbox"/> DELETE |
| NAME | ELSHOUT, E. PETER |
| STREET ADDRESS | 50 HOLLTOP DR |
| CITY-ST-ZIP | TRUMBULL CT 06611 |
| TITLE | VASD <input type="checkbox"/> DELETE |
| NAME | LAGROIN, EARL |
| STREET ADDRESS | 4680 PINEHAVE DR. |
| CITY-ST-ZIP | SAGINAW MI 48603 |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | SMITH, HILDE W |
| STREET ADDRESS | 6 MAGNOLIA DR |
| CITY-ST-ZIP | ENGLEWOOD OH 45322 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Delilah Simmons |
| 1.3 STREET ADDRESS | 4930 Meadow Trace Lane |
| 1.4 CITY-ST-ZIP | Hixson, TN 37343 |
| 2.1 TITLE | TD/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | SD <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 | |

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 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, with all other like empowered.

SIGNATURE: Christine Scheffert Date: Jan 8, 1999 Daytime Phone #: 941-349-5410

CR2E034 (11/98)