FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F94000002207 (8)**

1. Corporation Name

AKW SYSTEMS, INC.

Principal Place of Business

[redacted]
RD #9 Box 217
Valley View Road
York, PA 17402

Mailing Address

[redacted]
RD #9 Box 217
Valley View Road
York, PA 17402

2. Principal Place of Business
21 RD #9, Box 217
Valley View Road
Suite, Apt. #, etc.
22
City & State
23 York, PA
Zip 24 17402 Country 25 USA

2a. Mailing Address
26 RD #9, Box 217
Valley View Road
Suite, Apt. #, etc.
27
City & State
28 York, PA
Zip 29 17402 Country 30 USA

3. Date Incorporated or Qualified: 04/28/1994

3a. Date of Last Report: 05/01/1995

4. FEI Number: 23-2465299 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $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 [X] No

9. Name and Address of Current Registered Agent

INTERSTATE DOCUMENT FILINGS INCORPORATED
526 E. PARK AVE., #200
TALLAHASSEE FL 32301-2551

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(s) for Corporation or Registered Agent (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	CO-P	[ ] DELETE
NAME	WALTER, KEITH A	
STREET ADDRESS	2449 HARTFORD ROAD	
CITY-ST-ZIP	YORK PA 17402	
TITLE	CO-P	[ ] DELETE
NAME	WAITE, ADAM J	
STREET ADDRESS	3699 SORREL RIDGE LANE	
CITY-ST-ZIP	YORK PA 17402	
TITLE	ST	[ ] DELETE
NAME	WALTER, DAVID A	
STREET ADDRESS	3035 PERSIMMON DRIVE	
CITY-ST-ZIP	YORK PA 17402	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is the attachment with an address.

SIGNATURE: David A. Walter, Sec/Treas. 1/31/96 (717)840-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)