


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

0546300

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90006 047 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002207**

1. Corporation Name  
**AKW SYSTEMS, INC.**



Principal Place of Business RD #9 BOX 217 VALLEY VIEW ROAD YORK PA 17402 US	Mailing Address RD #9 BOX 217 VALLEY VIEW ROAD YORK PA 17402 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1830 Trolley Road	26 1830 Trolley Road			04/28/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				23-2465299	
22 City & State		27 City & State		Applied For	
23 York, PA		28 York, PA		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 17404 25 USA		29 17404 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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				10. Name and Address of New Registered Agent			
INTERSTATE DOCUMENT FILINGS INCORPORATED 526 E. PARK AVE., #200 TALLAHASSEE FL 32301-2551				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CO-P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTER, KEITH A			1.2 NAME			
STREET ADDRESS	420 HIDDEN HILL FARM LN			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACOBUS PA 17407			1.4 CITY-ST-ZIP			
TITLE	CO-P	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAITE, ADAM J			2.2 NAME			
STREET ADDRESS	3699 SORREL RIDGE LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	YORK PA 17402			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTER, DAVID A			3.2 NAME	David A. Walter		
STREET ADDRESS	3035 PERSIMMON DRIVE			3.3 STREET ADDRESS	1740 Wyndham Dr. South		
CITY-ST-ZIP	YORK PA 17402			3.4 CITY-ST-ZIP	York PA 17403		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: David A. Walter SECRETURER Date: 1/5/99 Daytime Phone #: (717) 264-1800

CR2E034 (1/98)