

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 SEP 27 AM 10:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA



9/16/99 90004 010 \$550.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/17/1998

4. FEI Number 65-0929228 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

7. This corporation owes the current year Intangible Personal Property. Yes No

DOCUMENT # P98000105240 1. Corporation Name AKATECO EXPRESS, INC.

Principal Place of Business 15217 MADISON AVE. INDIANTOWN FL 34956 Mailing Address P. O. BOX 1531 INDIANTOWN FL 34956

2. Principal Place of Business 21. Mailing Address curioy serv...

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

23. City & State FLA 28. City & State

24. Zip 34956 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent ANTONIO, MANUEL A 15217 MADISON AVE. INDIANTOWN FL 34956

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP and checkboxes for Delete, Change, Addition.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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] 9.9.99 Date

CR2E034 (5/99)

KE