

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 400670 (6)  
1. Corporation Name  
AKEPIRA, INC.

Principal Place of Business  
24838 BUTLER STREET  
ASTOR FL 32102

Mailing Address  
P.O. BOX 658  
ASTOR FL 32102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/02/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1430181	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SWIGERT, BRETT L 531 NORTH BAY STREET EUSTIS FL 32728		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MISICKA, ROBERT F	1.1 TITLE	
STREET ADDRESS	P O BOX 658 24838 BUTLER ST	1.2 NAME	
CITY - ST - ZIP	ASTOR FL	1.3 STREET ADDRESS	
TITLE	ST MISICKA, HATTIE M.	1.4 CITY - ST - ZIP	
STREET ADDRESS	P O BOX 658 24838 BUTLER ST	2.1 TITLE	
CITY - ST - ZIP	ASTOR FL	2.2 NAME	
TITLE		2.3 STREET ADDRESS	
NAME		2.4 CITY - ST - ZIP	
STREET ADDRESS		3.1 TITLE	
CITY - ST - ZIP		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY - ST - ZIP	
STREET ADDRESS		4.1 TITLE	
CITY - ST - ZIP		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
NAME		4.4 CITY - ST - ZIP	
STREET ADDRESS		5.1 TITLE	
CITY - ST - ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
NAME		5.4 CITY - ST - ZIP	
STREET ADDRESS		6.1 TITLE	
CITY - ST - ZIP		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
NAME		6.4 CITY - ST - ZIP	
STREET ADDRESS			

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.

SIGNATURE: *Hattie M. Misicka* ST. HATTIE M. MISICKA 4-21-98 352-759-3332

CR2E034 (10/97)