


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

FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # F97000006101 (6)</b> 1. Corporation Name <b>AKIMA CORPORATION</b>		

Principal Place of Business <b>1290 HWY A1A #201 SATELLITE BEACH FL 32837</b>	Mailing Address <b>1290 HWY A1A #201 SATELLITE BEACH FL 32837</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/19/1997</b>	
4. FEI Number <b>92-0132391</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>	
9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMREN, FRED E</b>	1.2 NAME	
STREET ADDRESS	<b>2020 HEATHSTEAD PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC 28210</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRINKMAN, WILLIAM J</b>	2.2 NAME	
STREET ADDRESS	<b>877 PORTER RANCEH RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANCASTER SC 29270</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETRIVELLI, ALICE</b>	3.2 NAME	
STREET ADDRESS	<b>4000 OLD SEWARD HWY #300</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANCHORAGE AK 99503</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STASTNY, J S</b>	4.2 NAME	
STREET ADDRESS	<b>1001 E. BENSON BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANCHORAGE AK 99508</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURTIS, CHARLES</b>	5.2 NAME	
STREET ADDRESS	<b>1001 E. BENSON BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANCHORAGE AK 99508</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HADDEN, RONALD S</b>	6.2 NAME	
STREET ADDRESS	<b>301 W. NORTHERN LIGHTS, #901</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANCHORAGE AK 99516-3421</b>	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.

CR2E034 (10/97)