

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

FILED

Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J97009 (1)  
1. Corporation Name  
IKAM, INC.



Principal Place of Business Mailing Address  
C/O MARLENE S. GREGSON SHAW  
6800 SUNSET WAY  
ST. PETERSBURG BEACH FL 33706  
C/O MARLENE S. GREGSON SHAW  
6800 SUNSET WAY  
ST. PETERSBURG BEACH FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1987

4. FEI Number

59-2848208

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 19029 US Hwy 19 N

Suite, Apt. #, etc.

22

City & State

23 Clearwater, FL

Zip

33764

Country

25 U.S.A.

2a. Mailing Address

26 PO Box 40925

Suite, Apt. #, etc.

27

City & State

28 St. Petersburg, FL

Zip

33743

Country

30 USA

9. Name and Address of Current Registered Agent

SHAW, MARLENE S  
6828 STONES THROW CIR NORTH  
ST. PETERSBURG BEACH FL 33710

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 19029 US Hwy 19 N,

84 City Clearwater

FL

85 Zip Code

33764

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

*Marlene S. Shaw*

(NOTE: Registered Agent signature required when reinstating)

1-6-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SHAW, MARLENE S  
STREET ADDRESS 6800 SUNSET WAY  
CITY-ST-ZIP ST PETERSBURG BCH. FL

TITLE ☐ DELETE

NAME SHAW, MARLENE S  
STREET ADDRESS 6800 SUNSET WAY  
CITY-ST-ZIP ST PETERSBURG BCH. FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

5732 23 AV S,

1.4 CITY-ST-ZIP

Gulfport, FL 33707

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

5732 23 AV S,

2.4 CITY-ST-ZIP

Gulfport, FL 33707

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE

*Marlene S. Shaw*

1-6-98 (913) 536-2474

CR2E034 (10/97)