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**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:58

DOCUMENT # K09339 (8)

1. Corporation Name

AKDORUK & ASSOCIATES, INC.

Principal Place of Business

**% YILMAZ M. AKDORUK
3950 NW 167TH ST
OPA-LOCKA FL 33054**

Mailing Address

**% YILMAZ M. AKDORUK
3950 NW 167TH ST
OPA-LOCKA FL 33054**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1988

3a. Date of Last Report
04/12/1994

4. FEI Number
65-0028781

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 has liability for intangible tax under S. 199 (1992)
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AKDORUK, YILMAZ M.
3950 NW 167TH ST
MIAMI FL 33054**

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 reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

PD

NAME

**AKDORUK, YILMAZ M.
16106 KILMARNOCK DR
MIAMI LAKES FL**

1. TITLE

PD

2. NAME

**Akdoruk, Yilmaz M.
3950 NW 167th St.
Miami, FL 33054**

3. STREET ADDRESS

4. CITY - ST - ZIP

2.1 TITLE

V

2.2 NAME

**Raudenbush, Jack
3950 NW 167th St.
Miami, FL 33054**

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

STVP

3.2 NAME

**Shather, Alex
3950 NW 167th St.
Miami, FL 33054**

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 is voluntarily furnished and 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 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as applicable, or in an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

YILMAZ M. AKDORUK

4/10/95

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