## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

L98026

(2)

AKH WATER MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1177 76TH ST., OCEAN MARATHON FL 33050

1177 76TH ST., OCEAN MARATHON FL 33050



		····	«·		3. Date Incorporated or Qualified 08/31/1990	3a. Date of L 02/2	ast Report 28/1995
_2. Principal Pla 21	ice of Husiness	2a. Mailing Address	S		4. FEI Number	7-11-11	Applied For
	t oto	26	1-		65-0216999		Not Applicable
22	to, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$</b>	8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Z)p 24	Country 25	Zip <b>29</b>	30 Cour	ntry	<ol> <li>This corporation has liability for in Florida Statutes</li> <li>Yes</li> </ol>		ders 199.032,
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Age	nt
				81 Name			
HANSEN, ALEXANDER K. 1177 76TH ST., OCEAN				82 Street Address (P.O. Box Number is Not Acceptable)			
	HON FL 33050			63			
				<b>B4</b> City		FL 8	Zip Code
SIGNATURE	i, and accept the boligations of eastered age	no and tote if applicable	itutes.		orporation submits this statement for the purp board of directors. I hereby accept the appoint	DATE	
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTORS IN 12
THEE NAME STREET ADDRESS	D HANSEN, ALEXANDER K. 1177 76TH ST. OCEAN	DELETE	1.2 NA			Ch	ange 🔲 Addition
CHY-ST-ZIP THUE	MARATHON FL D	En berete		Y - \$1 - 2IP			
Name	HANSEN, JUDY E.	DELETE				☐ Ch	ange 🔲 Addition
STREET ADDRESS	1177 76TH ST. OCEAN		2 2 NAI				
CHTY - ST - ZIF	MARATHON FL			EET ADDRESS			
ll'(f	MATATIONIE	DELETE		Y-ST-ZIP		. Ch	ange
NAME		L 211111	32 NA		•		ange Addition
SUBELL ADDRESS				REET ADDRESS			
DiTY-S1-ZIP				Y-ST-ZIP			
THELE		DELE1E					ange Addition
NAME			4.2 NA	NE			
STREET ADDRESS			4.3 S1F	EET ADDRESS			
DITY-S1-ZIP			4.4 CIT	Y-ST-ZIP			
THUE		DELETE	5 1 7(1			☐ Ch	ange Addition
VAME			5.2 NAI	AE		_	_
SPREED ADDRESS			5 3 STH	EET ADDRESS			
DITY-ST-ZOF			54 CIT	7-ST-ZIP			
TIPLE		DELÉTE	6 1 TIT			☐ Ch	ange 🔲 Addition
NAME			6.2 NA	AE			_
STREET ADDRESS			63 STR	EET ADDRESS			
CITY - ST - ZIP							

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:

SIG