SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

appears in Block 12 or Bloc

SIGNATURE:

Jul 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS P93000003632 (5) DOCUMENT # A.K.M., INC. Principal Place of Business Mailing Address 2885 S BAYSHORE OR 2665 & BAYSHORE DR SUITE M-103 SHITE M-103 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 01/12/1993 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Maiting Address Applied For 65-0382317 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GARS, IRWIN S 2665 S BAYSHORE DR M103 Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK FL 33133 83 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. (4/97 DELETE Change Addition 1.1 TITLE TITLE ATKIND, LEON NAME 1.2 NAME CR2E034 2665 S BAYSHORE DR SUITE M-103 1.3 STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-ZIP 1.4 CITY - ST - ZIP **DELETE** Change Addition TITLE 2.1 TITLE KENNETH NAME 2.2 NAME 2665/S BAYSHORE DR SUITE M103 STREET ADDRESS 2.3 STREET ADDRESS COCONUT GROVE FL 3132 CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETÉ 3.1 TITLE Addition TITLE BELLE ATKIND NAME 3.2 NAME 2565 S BAYSHORE DRUSUITE NATOS STREET ADDRESS 3.3 STREET ADDRESS COCOMUT/GROYE EX 33133 CITY-ST-ZIP 3.4. DITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP In does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the almust ropyr is true and accurate and that my signature shall have the same legal effect as if made under oath; that of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied with the information indicated on this innual report or supplied I am an officer or director of the corporation or the region.

FILED

7/22/97