

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000003632 (5)

1. Corporation Name
A.K.M., INC.

Principal Place of Business

~~2005 S DAYSHORE DR~~
~~SUITE M-103~~
~~COCONUT GROVE FL 33133~~

Mailing Address

~~2005 S DAYSHORE DR~~
~~SUITE M-103~~
~~COCONUT GROVE FL 33133~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 2200 S. OCEAN LANE	26 1 GARRETT MOUNTAIN PLAZA 9TH FLR.	3. Date Incorporated or Qualified 01/12/1993	
22 # 2110	27 WEST PATERSON	4. FEI Number 65-0382317	
23 FT. LAUDERDALE, FL	28 NEW JERSEY	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33316	29 07424	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 BROWARD	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GARS, IRWIN S
~~2005 S DAYSHORE DR SUITE M-103~~
~~COCONUT GROVE FL 33133~~
~~CRANE~~

10. Name and Address of New Registered Agent

81 Name	GARS, IRWIN S.
82 Street Address (P.O. Box Number is Not Acceptable)	3225 AVIATION AVE., STE. 700
83 City	COCONUT GROVE FL
84 Zip Code	33133

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

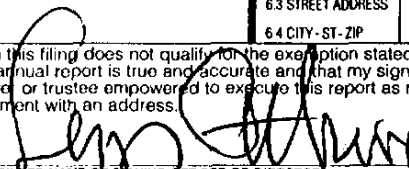
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	ATKIND, LEON
NAME	ATKIND, LEON	1.2 NAME	1 GARRETT MOUNTAIN PLAZA 9TH FLR
STREET ADDRESS	2005 S DAYSHORE DR SUITE M-103	1.3 STREET ADDRESS	WEST PATERSON, NJ 07424
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	ATKIND, BELLE
NAME	ATKIND, BELLE	2.2 NAME	1 GARRETT MOUNTAIN PLAZA 9TH FLR
STREET ADDRESS	2005 S DAYSHORE DRIVE	2.3 STREET ADDRESS	WEST PATERSON, NJ 07424
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

 4/9/98

CR2E034 (10/97)