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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000005138 (1)

A.K.N., INC.

FILED Apr 27 1998 8:00am Secretary of State

	•	N.			,			
Principal Place of I	Mailing Address	ing Address			- I TOURINGER FRO FORMUL HALL WELLE SOURCE BOOK BOOK	IT ABERT OTHER UTDAR 1111		
3910 SOUTH SEMORAN BLVD.		3910 SOUTH SEMORAN BLVD.				·		
ORLANDO FL 32822		ORLANDO FL 32822				DO NOT WRITE IN T	UIC CDACE	
						3. Date Incorporated or Qualified	nis space	· · · · · · · · · · · · · · · · · · ·
						01/22/1993		
2. Principal Place	of Business	2a. Mailing Address				4. FEI Number	I IAD	plied For
21	UI BUSINESS	26				59-3163621		Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.				\$9.75		
22		27			5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zφ	Country	Zip	Cou	ntry		8. This corporation owes or has paid th		
24	25	29	30			Personal Property Tax due June 30.		No
9.	, Name and Address of Current	Registered Agent		81		10. Name and Address of New Registe	red Agent	
	as, deepak			81	Name			
	ft. Jefferson BLVD.			62	Street Addre	ess (P.O. Box Number is Not Acceptable)		
ORLAN	NDO FL 32822			63				
				63				ļ
				84 (City		FL 85 Zip (Code
44 0	607.0500	and CO7 1500 Florida C	tatutas the al		nmod coro			tenistered s
office or regis	tered agent, or both, in the State of	of Florida, Such change	was authorize	d by th	ne corporati	oration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as	registered
agent. I am fa	amiliar with, and accept the obliga	tions of, Section 607.050	5, Florida Stat	utes.				
SIGNATURE	ature, typed or printed name of registered agen	d wed little if workcable	(NOTE: Flegisterer	i Agent	signature require	ed when reinstating) Do	NTE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
	PD	☐ DELET	1,1 11	TLE .			☐ Change	Addition
NAME I	Kalidas, Deepak		1.2 N/	ME				
STREET ADDRESS	8788 FT. JEFFERSON BLVD.		1.3 \$1	REET AD	DRESS			
CITY-ST-ZIP	ORLANDO FL 32822		1.4 CI	1.4 CITY-ST-ZIP				
TITLE	DELETE 2.1		2.1 TI	2.1 TITLE			Change	Addition
	KALIDAS, BINA		2.2 N/	ME	Ì			
	8788 FT. JEFFERSON BLVD.		2.3 \$1	REET AD	DORESS			
CITY-ST-ZIP	ORLANDO FL 32822			ITY-ST-	ZIP		D 05	- Addison
TITLE		☐ DELETI	1				Change	☐ Addition
NAME			3.2 N					
STREET ADDRESS			3.3 S1	REET AC	XORESS			
CITY-ST-ZIP								
TITLE		Deleti		(TY-\$1-	ZIP		Channe	Addition
ł I		DELET	4.1 TI	TLE	ZIP		Change	☐ Addition
NAME		DELET	4.1 TI 4.2 N	TLE AME			Change	☐ Addition
NAME STREET ADDRESS		☐ DELETI	4.1 TI 4.2 N 4.3 ST	TLE AME TREET AD	ODRESS .		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		_	4.1 TI 4.2 N 4.3 ST 4.4 CI	TLE AME TREET AC TY-ST-	ODRESS .		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETI	E 4.1 TI 4.2 N 4.3 ST 4.4 CI E 5.1 TI	TLE AME TREET AD TY-ST- TLE	ODRESS .			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		_	4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 No	TLE AME TREET AC TY-ST- TLE AME	DDRESS ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	E 4.1 TI 4.2 N 4.3 ST 4.4 CI E 5.1 TI 5.2 N 6.3 ST	TLE AME TREET AD TY-ST- TLE AME TREET AD	DDRESS ZIP DDRESS			
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETI	E 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 M 5.3 SI 5.4 CI 6.1 TI 6.2 N	TLE AME TREET AL TY-ST- TLE AME TREET AL TY-ST- TLE	DDRESS ZIP DDRESS ZIP		Change	☐ Addition

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 armual 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. DEEPAK KALIDAS

(407) 381-4743