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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000026731 (8)

Country

9. Name and Address of Current Registered Agent

25

1201 HAYS STREET

TALLAHASSEE FL 32301

CORPORATION SERVICE COMPANY

A.K. INTERIORS, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Ζφ

Principal Place of Business	Mailing Address	
10634 U.S. HIGHWAY 301 DADE CITY FL 33525	10634 U.S. HIGHWAY 301 DADE CITY FL 33525-1836	

26

27

28

29

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## **FILED** Feb 18 1997 8:00am Secretary of State



Zip Code

65

83

Country

Name

City

30

office or re agent. I a	egistered agent, or both, in the State of Florida. Such chan m familiar with, and accept the obligations of, Section 607.	ige was autho .0505, Florida	orized by the corpo Statutes.	oration's board of directors. I hereby accept the appointmen	t as registe	red
SIGNATURE						
.,,.,.,.	Signature, typed or printed name of registered agent and title if applicable		istered Agent signature re			
12.	OFFICERS AND DIRECTORS  DELETE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITLE	_		1.1 TITLE	Cha	ige L.J.Ad	ddition
NAME	POTZ, ARTHUR E		1.2 NAME			
STREET ADDRESS	10634 U.S. HWY. 301		1.3 STREET ADDRESS			
City+ST-ZIP	DADE CITY FL 33525		1.4 CITY-ST-ZIP			
TITLE	<b>DVS</b>	ELETE :	2.1 TITLE	☐ Cha	ige Ac	ddition
NAME	LARSON, KEVEN A		2.2 NAME			
STREET ADDRESS	10634 U.S. HWY. 301		2.3 STREET ADDRESS			
DITY+ST-ZIP	DADE CITY FL 33525		2. 4 CITY-ST-ZIP			
TITLE	DE	ELETE :	3.1 TITLE	☐ Cha	nge 🔲 Ad	ddition
NAME	·	:	3.2 NAME	· •		
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4. CITY-ST-ZIP			
TITLE	DE	ELETE	4.1 TITLE	Cha	ige [] Ad	ddition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY-ST-ZIP			
TITLE	DE DE	ELETE !	5.1 TITLE	Chai	igeAd	ddition
NAME			5.2 NAME			
STREET ADDRESS		;	5.9 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE	DE	ELETE	6.1 TITLE	Chai	ige	ddition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 City-St-ZIP			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 organ attachment with an address.

SIGNATURE: