

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 8:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000048981 (3)

1. Corporation Name

AKM INTERNATIONAL, INC.

Principal Place of Business

**1323 S.E. 17TH ST.
SUITE 007
FT LAUDERDALE FL 33315
US**

Mailing Address

**% ACCOUNTING & BUSINESS CONSULTANTS INC
780 E BROWARD BLVD SUITE 302
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1993

3a. Date of Last Report

03/29/1994

4. FEI Number

65-0424651

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 934 SW 18th Street

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 Ft. Lauderdale, FL

City & State

28

Zip

24 33315

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MAHAN, ALEXANDER
1323 S.E. 17TH STREET
SUITE 007
FT LAUDERDALE FL 33315**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

934 SW 18th Street

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33315

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

TITLE **D**
NAME **MAHAN, ALEXANDER**
STREET ADDRESS **1323 S.E. 17TH ST., SUITE 007**
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE **D**
NAME **MAHAN, KATHERINE**
STREET ADDRESS **1323 S.E. 17TH ST., SUITE 007**
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

934 SW 18th Street

Ft. Lauderdale, FL 33315

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

934 SW 18th Street

Ft. Lauderdale, FL 33315

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alexander Mahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexander Mahan

4/20/95
(Date)