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**

P94000030018 (3) **DOCUMENT**

A.K. MARINE CONSULTANTS, INC.

FILED Mar 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								i 00111 80101 11	1004 1011 1081		
103 N.E. 156TH STREET 103 N.E. 156TH STREET											
N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 3316				62			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified	. 11 11 11 13 0	* AUL		_
							04/20/1994				
2. Principal Place of Business 2a. Mailing Ac			ng Address		-		4. FEI Number Applied For				
21		26					65-0483497			lot Applicable	<u>-</u>
Suite, Apt. #, etc	Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	┑	
22		27					Certificate of Status Desired	ليا	Fee R	lequired	Ī
City & State	City & State					6. Election Campaign Financing		\$5.00	May Be	٦	
23	1 0	28					Trust Fund Contribution		Added	to Fees	_
Zip	Country	Zip			intry		8. This corporation owes or has pa	_	- ' -	_ _ ~	
24	25 Name and Address of Curren	29 t Registered A	Agent	30			Personal Property Tax due June 10. Name and Address of New Re			_] No	4
	ROS, AMELIA G		-Antit		B1	Name	TO THE BILL AUGIOSS OF ITEM NE	Aistalag k	- Galir		\dashv
											╛
103 N.E. 156TH STREET N. MIAMI BEACH FL 33162				82 Street Address (P.O. Box Number is Not Acceptable)							
13- IIIIOW	I DENOTITE GOTOE				83						┨
											╛
					84	City		FL	65 Zip	Code	ì
11. Pursuant to the office or register	provisions of Sections 607.0502 red agent, or both, in the State	2 and 607.150 of Florida. Suc	8, Florida Statut h change was s	es, the at	pove d by	named cor the corpora	ration submits this statement for the pon's board of directors. I hereby accept	urpose of ot the appo	changing i	ts registered registered	1
-	iliar with, and accept the obliga	HOUS OI, SECTION	on 607.0505, Fit	orida Stat	utes	i.					
SIGNATURE Signatur	e typed or printed name of registered ager	at and title if applica	ble (NOT-	E Registered	Age	nt signature requ	when reinstating)	DATE			ـ ا
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	3S IN 12	5
TITLE PD			DELETE	1.1 10	LE				Change	Addition	, Š
	FOUROS, AMELIA G			1.2 NA	ME						3
	3 N.E. 156TH STREET			1.3 ST	REET.	ADDRESS					}
CITY-ST-ZIP N.	MIAMI BEACH FL 33162			1.4 CI	IY - S1	r- ZIP					្រន
TITLE			☐ DELETE	2.1 717	LE				Change	☐ Addition	10
NAME				2.2 NA	ME						İ
STREET ADDRESS				2.3 \$T	REET	ADDRESS					
CITY-ST-ZIP				2.4 C		T-ZIP					_
TITLE			☐ DELETE	3.1 111				ı	Change	Addition	
NAME				3.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	3.4. CI		T-ZIP		· ,	06	7. J. Alla?	4
			- DEFERE	4.1 111				ı	L Change	Addition	
NAME CYCLET ADDRESS				4. 2 N/				-			ļ
STREET ADDRESS						ADDRESS					1
CITY-ST-ZIP TITLE			DELETE	4.4 CIT		- <u>ZIP</u>		·	Change	Addition	4
NAME			L PECCIE					L	change		
STREET ADDRESS				5.2 NA		ADDDECC					
CITY-ST-ZIP						ADDRESS 700					
TITLE			DELETE	5.4 CIT 6.1 TIT		- 2117		т	Change	Addition	4
NAME				6.2 NA		1		L		Addition	
STREET ADDRESS						ADORESS					
CITY-ST-ZIP				6.4 CIT		- 1					

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 or n attachment with an address.