

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000066891 (9)**

1. Corporation Name  
**AKAUMA, INC.**



Principal Place of Business

**4403 44TH WAY  
WEST PALM BEACH FL 33407**

Mailing Address

**4403 44TH WAY  
WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified  
**08/29/1995**

3a. Date of Last Report

2. Principal Place of Business

21 **Sorcerer's Tower**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **26 East Ocean Blvd**  
Suite, Apt. #, etc.

4. FLE Number

**65-0608518**

Applied For  
Not Applicable

22 City & State

23 **Stuart FL**

27 City & State

28 **Stuart FL**

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

24 Zip **34994**

25 Country **USA**

29 Zip **34994**

30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GONGALEZ, RICHARD  
4403 44TH WAY  
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name **Patrick O'Shea**

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

**1211 Sea Oat Lane**

83

84 City **Stuart**

FL

85 Zip Code **34996**

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 **Patrick O'Shea**

(NOTE: If Registered Agent's signature required when rendering:

DATE

**4/30/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **GONZALEZ, RICHARD**  
STREET ADDRESS **4403 44TH WAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☒ DELETE  
NAME **TAKETANI, SACHIKO**  
STREET ADDRESS **4403 44TH WAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☒ DELETE  
NAME **GONZALEZ, RONALD**  
STREET ADDRESS **4543 SE ONTARIO DRIVE**  
CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☐ DELETE  
NAME **O'SHEA, PATRICK**  
STREET ADDRESS **914 SW 35TH STREET**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **Director** ☐ Change ☒ Addition  
1.2 NAME **Jeffrey Francis**  
1.3 STREET ADDRESS **15602 SW Morgan**  
1.4 CITY-ST-ZIP **Indianapolis FL 34956**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96 (401) 221-7953**

Date

Daytime Phone #

CR2E034 (12/95)