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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
Sandra B. Morone
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067430 (5)

1. Corporation Name

A.K.W. INC.

Principal Place of Business

P.O. BOX 891
KEY LARGO FL 33037

Mailing Address

P.O. BOX 891
KEY LARGO FL 33037

2. Principal Place of Business

21 1890 Roosevelt Blvd

2a. Mailing Address

Suite, Apt. #, etc.

22

27

City & State

23 Key West FL

City & State

Zip

24 33040

Country

25 USA

Zip

29

Country

30

3. Name and Address of Current Registered Agent

NEKHAILA, USAMA
101377 OVERSEAS HWY
KEY LARGO FL 33037

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.

DATE

Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE Pres ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Pres ☐ Change ☒ Addition

2. NAME Usama Nekhaila

3. STREET ADDRESS PO Box 891

4. CITY-ST-ZIP Key Largo FL 33037

5. TITLE N Pres ☐ Change ☒ Addition

6. NAME Hany Haroun

7. STREET ADDRESS 1890 Roosevelt Blvd

8. CITY-ST-ZIP Key West FL 33040

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. 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

3-19-96

Date

305 296-0640

Daytime Phone

CR2E034 (12/95)