

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

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # P95000085166 (3)

1. Corporation Name

VAKAM CORPORATION

Principal Place of Business

800 WILSHIRE BLVD
SUITE 124
CASSELBERRY FL 32707

VaKam Corporation

P.O. Box 788
Winterpark, FL 32790-0788



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 242 WILSHIRE BLVD		26 P.O. Box: 788		11/03/1995		09/19/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 CASSELBERRY		28 WINTER PARK		59-3350511		Not Applicable	
24 FL		29 FL		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25 32707		30 USA		X \$8.75 Additional Fee Required		Yes No	
26 32707		31 32707		6. Election Campaign Financing		5.00 May Be Added to Fees	
27 32707		32 32707		Trust Fund Contribution		Yes No	
28 32707		33 32707		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
29 32707		34 32707		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
30 32707		31 32707		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MANEK, PRADIP M
800 WILSHIRE BLVD
SUITE 124
CASSELBERRY FL 32707

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 242 WILSHIRE BLVD
84 City CASSELBERRY FL 85 Zip Code 32707

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 in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
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 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 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; 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. I changed on an attachment with an address.

SIGNATURE:

PRADIP M. MANEK

4/21/97

407-331-9496

CR2E034 (9/96)