May 06, 1999 8:00 am Secretary of State

05-06-1999 90163 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700002714

1. Corporation	n Name						
AKP, INC.							
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						eni salit ken ketak	ALLI LALI LEE
Principal Place of Business Mailing Address						1111 ##114 11677 16661 1	11611 6.01 1001
6511 43RD ST. N. 6511 43RD ST. N.							
#1813 #1813					DO NOT WRITE IN T	HIS SDACE	
PINELLAS PARK FL 33781 US PINELLAS PARK FL 33781 US US					3. Date Incorporated or Qualifed		
US		00			01/06/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21	iaco di Cabilloss	26 PO BOX	667	$\mathcal{I}_{I}}}}}}}}}}$	59-3422120		t Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 A	
22	27				5. Certifcate of Status Desired	Fee Re	quired
		City & State	State		6. Election Campaign Financing	\$5.00	May Be
23	28 51 VeA		sburg, FL		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	29 33736 30	0 (<u>45</u> _	Personal Property Tax.		No
Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
OCALIDER APPARATOR I				Name			
SCANNELL, GERARD F. J			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
6511 43RD ST. N. #1813							
PINE	LLAS PARK FL 33781		83				
			84	City		85 Zip C	Code
				•			
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by 					oration submits this statement for the purpose on's board of directors. I hereby accept the at	a of changing its appointment as rec	registered distered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607 6505, Florid	a Statutes.	and 001p01040	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~ ~ ~	´
SIGNATURE	Devand Stra	melly _			4-	30-49	
	Signature, typed or printed name of registered agen			t signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DS (N. 12
12.			13.	·	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE			1.2 NAME				
NAME			1.3 STREET	ADDRESS			i
STREET ADDRESS	THE PARTY OF THE P						
CITY-ST-ZIP			1.4 CITY-ST 2.1 TITLE	-28		Change	Addition
	_		2.2 NAME				_)
NAME STREET ADDRESS			2.3 STREET	ADDRESS]
STREET ADDRESS			2.4 CITY-S				ļ
CITY-ST-ZIP TITLE			3.1 TITLE	1-516		☐ Change	Addition
NAME			3.2 NAME			-	}
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	l			}
			4.1 TITLE	· · · · · ·		Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			ļ
CITY-ST-ZIP			4.4 CITY-ST				[
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		·		
STREET ADDRESS			5.3 STREET	ADDRESS			Ì
CITY-ST-ZIP			5.4 CITY- ST	-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	}		6.2 NAME	ļ			\

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 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, of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS