FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State

		1998	-	Table 1	DIVISION OF	CORPOR	RATION:	S					
Į.		MENT 1 Name AK GROU		00017	484 (1))							
	THE O	an anou	11 1110						T AR DEMARK AND TRAVE REAL REPORT BEFORE BY		K PRAMI ANAA		
Prin	cinal Place	e of Busines		Mailin	g Address								ł
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125 TIMBER LANE JUPITER FL 33458					125 TIMBER LANE JUPITER FL 33458						•		
									3. Date Incorporated or Qualified	E IN THIS	SPACE		
}									1				
2, F	Principal P	lace of Busin	ioss	2a. Ma	alling Address				02/25/1997 4. FEI Number			Applied Fo	or
21				26	26				65-039 073620	67		Not Applic	
22	Suite, Apt.	#, etc.		27 Su	Suite, Apt. #, etc.				5. Certificate of Status Desired	X 1		5 Addition	al
	City & State	6			ly & State				6. Election Campaign Financing		\$5.0	O May Be	, –
23					28				Trust Fund Contribution			ed to Fees	
24 24	Z ip	Gountry 25			Zip Coi				8. This corporation owes or has paid the current year In Personal Property Tax due June 30. Yes				
		9, Name	and Address of Co		ed Agent]		10. Name and Address of New R		Agent		
	SM	ITH, ODIAS					81 N	lame					
> 125 TIMBER LANE							82 5	treet Add	ress (P.O. Box Number is Not Accepta	ble)			
JUPITER FL 33458									<u> </u>				[
							83						
·	*						84 C	City			85 Z	ip Code	{
	Durguent	to the travia	and at Continue CO2	0002 and 602	(LOO Linsido Crat	utan tha n		School Sor	paration or health this statement for the	FL	•	o ita semiat	
'''	office or r	egistered ag	ent, or both, in the S	State of Florida	Such change was	authorize	d by th	e corpora	poration submits this statement for the tion's board of directors. I hereby acce	pt the ap r	oointment	as register	red
ſ		m tamillar wi	m, and accept the c	obligations of, Se	ection 607.0505, F	-iorida Sta	tutes.						- 1
SIGI	NATURE	Signature typed	or protect name of registers	d agent and tille if app	phoable (NC	OTE. Registere	d Agent si	ignature requ	ired when reinstating)	DATE			₆
12.			OFFICERS	AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFI	CERS AN			
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¥11,1					DELETE		51 11				Chann	- T Ad	400-

6 4 CITY - ST - ZIP 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 arrival report or suppliemental 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 chapted, or on an attachment with an address.

SIGNATURE:

KATHIE SMITH

17 May 1998

36-1-214-3668

6.2 NAME

63 STREET ADDRESS

NAME

STREET ADDRESS

FILED

Jun 04 1998 8:00am

Secretary of State