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

PROFIT CORPORATION ANNUAL REPORT



SIGNATURE:

BIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

141

OCUM . Corporation N		59053	U	(4)							
	AKER ENTERPR	RISES, INC.									
rincipal Place o	of Business		Mailing Address					Abiti tiint dal	4011 41411 815	II W I#II W I#I	
SUITE 500B			POST OFFIC CORAL SPRI								
POMPANO E US	BEACH FL 33069		U\$				3. Date Incorporated or 10/28/1991	Qualified	3a. Date o	f Last Rej 5/01/19	
. Principal Plac	ce of Business		2a. Mailing Addre	ess			4. FEI Number 65-030106	1			pplied For ot Applicable
Suite, Apt. #,	, elc.		Suite, Apt. #,	etc.			5. Certificate of Status				Additional
City & State			City & State			 -	6. Election Campaign F	inancing			May Be
<u>]</u>			28		0		Trust Fund Contribut 8. This corporation has		Lancible toy		to Fees
Zip ∃	Count 25	ry	Zip 29	3	Country 30		Florida Statutes	Yes	langkole tax i ☐ No	unders	199.032,
<u> </u>	9, Name and Addr	ess of Current			301		10. Name and Address			jent	
	•				81	Name					
BAKER, ROBERT A. III			82 Street		Street Addr	ess (P.O. Box Number is No	ot Acceptable)			
	IORTHWEST 22ND	TERRACE			83						
SUITE	500B Ano Beach Fl 33	060								1221 - 5.7	
PUMPA	ANO DEACH FL 33	009			84	City			FL	85 Zip	Code
or registere	o the provisions of Sec ed agent, or both, in the	e State of Florida	a. Such change was :	aurronzeo	the above-n by the corpo	named corpor pration's boar	rd of directors. I hereby acci	ept the appoi	ntment as re	egistereu	
or registere familiar with SIGNATURE s	ed agent, or both, in the n, and accept the oblig Signature, typed or printed name	e State of Florida jations of, Section e of registered agent a	a. Such change was on 607.0505, Florida and title if applicable	Statutes.	Registered Agen	Jration's boar	d when reinstating)		DATE		
or registere familiar with SIGNATURE s	ed agent, or both, in the n, and accept the oblig Signature, typed or printed name	e State of Florida jations of, Section	a. Such change was on 607.0505, Florida and title if applicable	Statutes.	by the corpo	Jration's boar	a of birectors. Thereby according		DATE DERS AND [
or registore familiar with BIGNATURE S	d agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE	e State of Florida pations of, Section of registered agent a OFFICERS AND	a. Such change was on 607.0505, Florida and title of applicable DIRECTORS	Statutes. (NOTE	Registered Agen	Jration's boar	d when reinstating)		DATE DERS AND [DIRECTO	RS IN 12
or registere familiar with SIGNATURE s	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title if apolicable	Statutes. (NOTE	Registered Agen 13. 1 1 TITLE	I signature require	d when reinstating)		DATE DERS AND [DIRECTO	RS IN 12
or registere familiar with SIGNATURE SIZE. THE STATE STATE ADDRESS CITY-ST-ZIP	d agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title of applicable DIRECTORS	NOTE FIE	Registered Agen 13. 1 1 TITLE 1 2 NAME 1.3 STREET 1.4 CITY-S	I signaturo require	d when reinstating)		DATE DERS AND [DIREC (OI	RS IN 12
or registere familiar with SIGNATURE s 12. IIILE NAME SIHEE! AODRESS CHY-SI-ZIP	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title of applicable DIRECTORS	NOTE FIE	Registered Agen 13. 11 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2 1 TITLE	I signaturo require	d when reinstating)		DATE DERS AND [DIRECTO	RS IN 12
or registere familiar with SIGNATURE SITE. TITLE STHEE! ADDRESS CHY-SI-ZIP TITLE NAME NAME NAME	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title of applicable DIRECTORS	NOTE FIE	Registered Agen 13. 1 1 TITLE 1 2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS 1-ZIP	d when reinstating)		DATE DERS AND [DIREC (OI	RS IN 12
or registere familiar with SIGNATURE SITE. TITLE STHEE! ADDRESS CHY-ST-ZIP TITLE NAME STHEEL ADDRESS STHEEL ADDRESS	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title of applicable DIRECTORS	NOTE FIE	Registered Agon 13. 1 1 TITLE 1 2 NAME 1.3 STREET 1.4 CITY-S 2 1 TITLE 2.2 NAME	ADDRESS ADDRESS	d when reinstating)		DATE DERS AND [DIREC (OI	RS IN 12 Addition Addition
or registere familiar with SIGNATURE SIZ. ITLE IAME STHEEL ADDRESS CHY-SI-ZIP ITLE VAME STHEEL ADDRESS CHY-SI-ZIP ITLE VAME STHEEL ADDRESS CHY-SI-ZIP	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title of applicable DIRECTORS	NOTE FIE GOOB	Registered Agen 13. 1 1 TITLE 1 2 NAME 1.3 STREET 1.4 CITY-S 2 1 TITLE 2 NAME 2 3 STREET	ADDRESS ADDRESS	d when reinstating)		DATE DERS AND [DIREC (OI	RS IN 12
or registere familiar with SIGNATURE 12. IIITE NAME SIHEEL ADDRESS CHY-ST-ZIP TITLE NAME STREEL ADDRESS CHY-ST-ZIP TITLE	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida on 607.0505	NOTE FIE GOOB	Registered Agen 13. 1 1 TITLE 1 2 NAME 1.3 STREET 1.4 CITY-S 2 1 TITLE 2 NAME 2 3 STREET 2 4 CITY-S 3 1 TITLE 3 2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating)		DATE DERS AND [DIRECTOI Change	RS IN 12 Addition Addition
or registere familiar with SIGNATURE	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida on 607.0505	NOTE FIE GOOB	Registered Agen 13.	ADDRESS T-ZIP ADDRESS T-ZIP T ADDRESS	d when reinstating)		DATE DERS AND [DIRECTOI Change	RS IN 12 Addition Addition
OF REGISTORES TO THE PROPERTY OF THE PROPERTY	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title if applicable DIRECTORS DEL	NOTE FIE 600B ETE	Registered Agen 13.	ADDRESS T-ZIP ADDRESS T-ZIP T ADDRESS	d when reinstating)		DATE DERS AND C	DIRECTOI Change	RS IN 12 Addition Addition
OF REGISTORE SIGNATURE SITURE STHEET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida on 607.0505	NOTE FIE 600B ETE	Registered Agen 13.	ADDRESS T-ZIP ADDRESS T-ZIP T ADDRESS	d when reinstating)		DATE DERS AND C	DIRECTOI Change Change	RS IN 12 Addition Addition Addition
or registere familiar with SIGNATURE	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title if applicable DIRECTORS DEL	NOTE FIE 600B ETE	Registered Agen 13. 1 1 TITLE 12 NAME 1.3 STREET 1.4 CITY - S 2 1 TITLE 22 NAME 23 STREET 24 CITY - S 3.1 TITLE 32 NAME 33 STREET 3.4 CITY - S 4.1 TITLE	ADDRESS IT-ZIP IT ADDRESS ST-ZIP	d when reinstating)		DATE DERS AND C	DIRECTOI Change Change	RS IN 12 Addition Addition Addition
or registore familiar with SIGNATURE	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title if applicable DIRECTORS DEL ERRACE, SUITE 5	NOTE FIE 600B ETE ETE	Registered Agen 13. 1 1 TITLE 12 NAME 1.3 STREET 1.4 CITY - S 2 1 TITLE 22 NAME 23 STREET 24 CITY - S 3.1 TITLE 32 NAME 3.3 STREET 3.4 CITY - S 4.1 TITLE 42 NAME	ADDRESS T-ZIP ADDRESS T-ZIP I ADDRESS T-ZIP	d when reinstating)		DATE DERS AND [Change Change Change	RS IN 12 Addition Addition Addition Addition
or registore familiar with SIGNATURE	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title if applicable DIRECTORS DEL	NOTE FIE 600B ETE ETE	Registered Agen 13. 1 1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 3.1 TITLE 32 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 42 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP I ADDRESS T-ZIP	d when reinstating)		DATE DERS AND [DIRECTOI Change Change	RS IN 12 Addition Addition Addition
or registore familiar with SIGNATURE	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title if applicable DIRECTORS DEL ERRACE, SUITE 5	NOTE FIE 600B ETE ETE	Registered Agen 13. 1 1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 3.1 TITLE 32 NAME 3.3 STREET 4.4 CITY-S 4.1 TITLE 42 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP ADDRESS ST-ZIP I ADDRESS ST-ZIP	d when reinstating)		DATE DERS AND [Change Change Change	RS IN 12 Addition Addition Addition Addition
OF POJISTOPO FAMILIAN FILE	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title if applicable DIRECTORS DEL ERRACE, SUITE 5	NOTE FIE 600B ETE ETE	Registered Agon 13. 1 1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 3.1 TITLE 32 NAME 3.3 STREET 4.1 TITLE 42 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP I ADDRESS ST-ZIP ADDRESS ST-ZIP I ADDRESS ST-ZIP	d when reinstating)		DATE DERS AND [Change Change Change	RS IN 12 Addition Addition Addition Addition
OF POJISTOPO FAMILIAN FILE	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title if applicable DIRECTORS DEL ERRACE, SUITE 5	(NOTE ETE 600B ETE ETE LETE	Registered Agen 13. 1 1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 3.1 TITLE 32 NAME 3.3 STREET 4.4 CITY-S 4.1 TITLE 42 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS T-ZIP I ADDRESS ST-ZIP ADDRESS ST-ZIP I ADDRESS ST-ZIP	d when reinstating)		DATE DERS AND [Change Change Change	RS IN 12 Addition Addition Addition Addition
OF REGISTORES OF TREE TO ADDRESS CHY-ST-ZIP TITLE NAME STHEET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title if applicable DIRECTORS DEL ERRACE, SUITE 5	(NOTE ETE 600B ETE ETE LETE	Registered Agon 13. 1 1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 3.1 TITLE 32 NAME 3.3 STREET 4.1 TITLE 42 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ADDRESS T-ZIP I ADDRESS ST-ZIP ADDRESS ST-ZIP I ADDRESS ST-ZIP	d when reinstating)		DATE DERS AND [Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition Addition
OF REGISTORE OF REGISTORE SIGNATURE SIDELE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	od agent, or both, in the and accept the oblig signature, typed or printed name D BAKER, ROBE 3350 NORTHY	e State of Florida pations of, Section of registered agent a OFFICERS AND RT A. III	a. Such change was on 607.0505, Florida and title if applicable DIRECTORS DEL ERRACE, SUITE 5	(NOTE ETE 600B ETE ETE LETE	Registered Agon 13. 1 1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 3.1 TITLE 32 NAME 33 STREET 34 CITY-S 4.1 TITLE 42 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	ADDRESS T-ZIP I ADDRESS ST-ZIP ADDRESS ST-ZIP I ADDRESS ST-ZIP	d when reinstating)		DATE DERS AND [Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition Addition
OF REGISTORE SIGNATURE 12. TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	d agent, or both, in the agent agent, and accept the oblig signature, typed or printed name of the part of the par	e State of Florida pations of, Section of registered against a OFFICERS AND RT A. III VEST 22ND TO ACH FL	a. Such change was on 607.0505, Florida and 607.0505, Florida and title if apolicable DELETORS DEL	ETE ETE LETE LETE LETE	13. 1 TITLE 12 NAME 1.3 STREET 1.4 CITY - S 2 TITLE 22 NAME 2.3 STREET 3.4 CITY - S 3.1 TITLE 32 NAME 3.3 STREET 3.4 CITY - S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - S 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY - S 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY - S 6.4 CITY	ADDRESS IT-ZIP ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	d when reinstating)	ES TO OFFIC	DATE DERS AND [Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition Addition

4/21/96 954-974-26)7
Date Dayme Proce