

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

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90009 014 ***300.00

DOCUMENT # S92954

1. Corporation Name

AKJ MANAGEMENT SERVICES, INC.

Principal Place of Business

15870 GLENISLE WAY
FT. MYERS FL 33912

Mailing Address

15970 GLENISLE WAY
FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1991

4. FEI Number

65-0305095

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

KUSHNER, STEVEN P.
1515 BROADWAY
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETED
BURNSIDE, KENNETH D.
15970 GLENISLE WAY
FT. MYERS FL1.2 NAME ☐ DELETED
DEER, DANIEL C.
14 N WASHINGTON STREET
EASTON MD 216011.3 STREET ADDRESS ☐ DELETE1.4 CITY-ST-ZIP ☐ DELETE1.5 CITY-ST-ZIP ☐ DELETE1.6 CITY-ST-ZIP ☐ DELETE1.7 CITY-ST-ZIP ☐ DELETE1.8 CITY-ST-ZIP ☐ DELETE1.9 CITY-ST-ZIP ☐ DELETE1.10 CITY-ST-ZIP ☐ DELETE1.11 CITY-ST-ZIP ☐ DELETE1.12 CITY-ST-ZIP ☐ DELETE1.13 CITY-ST-ZIP ☐ DELETE1.14 CITY-ST-ZIP ☐ DELETE1.15 CITY-ST-ZIP ☐ DELETE1.16 CITY-ST-ZIP ☐ DELETE1.17 CITY-ST-ZIP ☐ DELETE1.18 CITY-ST-ZIP ☐ DELETE1.19 CITY-ST-ZIP ☐ DELETE1.20 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.