

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

**CORPORATION  
ANNUAL REPORT  
1994**



FLORIDA DEPARTMENT OF STATE  
JIM SMITH  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
95 JUN 20 PM 2  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name <b>AKOS, INC.</b>	DOCUMENT # <b>V65247 (1)</b>
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2. Mailing Address <b>2640 NE 24 FL FT LAUDERDALE FL 33305</b>	Principal Place of Business <b>2640 NE 24 FL FT LAUDERDALE FL 33305</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/17/1992</b>	3a. Date of Last Report <b>02/18/1993</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ROBERT M. PALMER P.A. 2665 S BAYSHORE DR SUITE 908 MIAMI FL 33133</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City <b>FL</b> B5 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Type Printed Agent or Registered Agent Name) (Type Printed Agent or Registered Agent Name)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME <b>P/R/E KNUT KRAMER</b>	2. STREET ADDRESS <b>2840 NW. 24TH PLACE FT. LAUDERDALE FL</b>	11 TITLE	
3. CITY, ST., ZIP		12 NAME	
4. CITY		13 STREET ADDRESS	
5. NAME		14 CITY, ST., ZIP	
6. STREET ADDRESS		21 TITLE	<b>500001519105</b>
7. CITY, ST., ZIP		22 NAME	<b>-06/21/95--01039--025</b>
8. CITY		23 STREET ADDRESS	<b>***\$225.00 ***\$225.00</b>
9. NAME		24 CITY, ST., ZIP	
10. STREET ADDRESS		31 TITLE	
11. CITY, ST., ZIP		32 NAME	
12. CITY		33 STREET ADDRESS	
13. NAME		34 CITY, ST., ZIP	
14. STREET ADDRESS		41 TITLE	
15. CITY, ST., ZIP		42 NAME	
16. CITY		43 STREET ADDRESS	
17. NAME		44 CITY, ST., ZIP	
18. STREET ADDRESS		51 TITLE	
19. CITY, ST., ZIP		52 NAME	
20. CITY		53 STREET ADDRESS	
21. NAME		54 CITY, ST., ZIP	
22. STREET ADDRESS		61 TITLE	
23. CITY, ST., ZIP		62 NAME	
24. CITY		63 STREET ADDRESS	
25. NAME		64 CITY, ST., ZIP	

14. I, the hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information included 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 have fulfilled all obligations concerning and my property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, as required by Chapter 807 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **KNUT KRAMER PRES. 05-15-95 (305/561-1581)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR