

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

1996 *600-915-B-7021-C*

DOCUMENT # **V65247**

(1)

1. Corporation Name

AKOS, INC.

FILED

Jun 20 1996 8:00 am

Secretary of State



Principal Place of Business

Mailing Address

**2840 NE 24 PL
FT LAUDERDALE FL 33305**

**2840 NE 24 PL
FT LAUDERDALE FL 33305**

2. Principal Place of Business

2a. Mailing Address

c/o
**2300 GLADES RD.
SUITE 220W
BOCA RATON, FL 33431**

c/o
**P. & K. Kramer
32801 Hwy 441 N Lot #133
Okeechobee, FL 34972
PM(941)467-0328 Fax 467-6008**

3. Date Incorporated or Qualified

09/17/1992

3a. Date of Last Report

06/20/1995

4. FEI Number

65-0467666

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERT M. PALMER P.A.
2805 S BAYSHORE DR
SUITE 908
MIAMI FL 33133**

**2300 GLADES RD.
SUITE 220W
BOCA RATON, FL
33431**

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 607.1508, 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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRE** ☐ DELETE
NAME **KNUT KRAMER**
STREET ADDRESS
CITY - ST - ZIP

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

12 NAME

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

14 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

22 NAME

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)