

**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 1996



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

DOCUMENT # P94000018569 (1)
1. Corporation Name

A-OK ENTERPRISES UNLIMITED, INC.



Principal Place of Business: 421 NORTH SPRING GARDEN ROAD DELAND FL 32720
Mailing Address: P.O. BOX 3511 DELAND FL 32723 US

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report: 06/19/1995
4. FEI Number: ~~59-3110344~~ 59-3242890
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

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

VICK, BILLY B
421 NORTH SPRING GARDEN ROAD
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 type (a printed name of registered agent and title is acceptable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE: P VICK, BILLY B. [DELETE] DELETED
NAME: VICK, BILLY B.
STREET ADDRESS: 1351 LAKEVIEW DR.
CITY-ST-ZIP: DELAND FL
TITLE: VTS VICK, JOHN T. [DELETE] DELETED
NAME: VICK, JOHN T.
STREET ADDRESS: 515 SHOPE PL.
CITY-ST-ZIP: DELAND FL
[Empty rows for other officers/directors]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE [Change] [Addition]
12 NAME [Change] [Addition]
13 STREET ADDRESS [Change] [Addition]
14 CITY-ST-ZIP [Change] [Addition]
21 TITLE [Change] [Addition]
22 NAME [Change] [Addition]
23 STREET ADDRESS [Change] [Addition]
24 CITY-ST-ZIP [Change] [Addition]
31 TITLE [Change] [Addition]
32 NAME [Change] [Addition]
33 STREET ADDRESS [Change] [Addition]
34 CITY-ST-ZIP [Change] [Addition]
41 TITLE [Change] [Addition]
42 NAME [Change] [Addition]
43 STREET ADDRESS [Change] [Addition]
44 CITY-ST-ZIP [Change] [Addition]
51 TITLE [Change] [Addition]
52 NAME [Change] [Addition]
53 STREET ADDRESS [Change] [Addition]
54 CITY-ST-ZIP [Change] [Addition]
61 TITLE [Change] [Addition]
62 NAME [Change] [Addition]
63 STREET ADDRESS [Change] [Addition]
64 CITY-ST-ZIP [Change] [Addition]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

B.B. Vick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96
Date Daytime Phone #

CR2E034 (3/96)