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

APPROVED

98 JUN -5 PM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **P94000079370 (0)**

1. Corporation Name
AKB ENTERPRISES, INC.

Principal Place of Business	Mailing Address
621 NW 53RD ST #130 BOCA RATON FL 33487 US	4301 N OCEAN BLVD UNIT 1002-A BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 960 SW 11th St
Suite, Apt. #, etc.
22
City & State
23 Boca Raton, FL
Zip 24 33486 Country 25 USA

2a. Mailing Address
26 960 SW 11th St
Suite, Apt. #, etc.
27
City & State
28 Boca Raton, FL
Zip 29 33486 Country 30 USA

3. Date Incorporated or Qualified
10/28/1994

4. FEI Number
65-0530276
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing [redacted] **$5.00** May Be

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRICKMAN, KATHLEEN
4301 N OCEAN BLVD 1002
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Alan Brickman
82 Street Address (P.O. Box Number is Not Acceptable): 960 SW 11th St.
83
84 City: Boca Raton FL 85 Zip Code: 33486

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] Pres 4/14/98
Signature, type or printed name of person with authority to sign (Required) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BRICKMAN, ALAN G		1.2 NAME	
STREET ADDRESS	4301 N OCEAN BLVD UNIT 1002-A		1.3 STREET ADDRESS	960 SW 11th St
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	ST	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BRICKMAN, KATHLEEN		2.2 NAME	
STREET ADDRESS	4301 N OCEAN BLVD 1002		2.3 STREET ADDRESS	P.O. Box 810492
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raton, FL 33481
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Brickman Kathleen		3.2 NAME	
STREET ADDRESS	6902 Palmetto Circle South		3.3 STREET ADDRESS	per Alan please change 6-10-98
CITY-ST-ZIP	Boca Raton Fl 33433		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	000002560 F:10 ☐ Change ☐ Addition
NAME			5.2 NAME	-06/16/98--01061--014
STREET ADDRESS			5.3 STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: [signature] Alan G Brickman Pres 4/14/98