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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 574533

ORLANDO FL

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528 MERIDALE AVE

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(6)

A-K ENTERPRISES, INC.

| Principal Place of Business Mailing Address | | | | | · · · · · · · · · · · · · · · · · · · |] 1 TOULDI ELITA FORMI RINGO BINGO MINO MINI BIDUI GARAK ANGAL DIRIK GARAK BURKI ADDI | | | | |
|---|--|--|---|--------------------|--|--|--|-------------------------|--|--|
| 1200 EAST COLONIAL DRIVE 1200 EAST COLO ORLANDO FL 32803 ORLANDO FL 32803 | | | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 05/26/1978 | 1 | of Last Re 1/1996 | eport | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | Ap | plied For | |
| 1 26 | | | | | | 59-1855736 | | No | t Applicable | |
| Suite, Apt. #, etc Suite, Apt. # 22 | | | #, etc. | | | 5. Certificate of Status Desired | | \$8.75 A | | |
| City & State City & State 28 | | | | | | Election Campaign Financing Trust Fund Contribution | provide the same of the same o | | 00 May Be ed to Fees | |
| Ζφ 24] | 25 29 30 | | | Country | | 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 | | | | | |
| KAZARIAN, RALPH N. | | | | 81 | Name | | | | | |
| 1200 EAST COLONIAL DRIVE ORLANDO FL FL 32803 | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptab | le) | | | |
| O. | NEWTOO TETE GEOOG | | 1 | 83 | | | | | | |
| | | | <u> </u> | 84 | City | | FL | 85 Zip (| Code | |
| 11. Pursua office c agent | ant to the provisions of Sections 607 or registered agent, or both, in the S I am familiar with, and accept the of | 0502 and 607,1508, Florida Stat tate of Florida Such change wa oligations of Section 607,0505, | tutes, the ab is authorized Florida Statu | ove by | named corp the corporati | oration submits this statement for the p on's board of directors. I hereby accep | urpose of c of the appoin | hanging it niment as | s registered registered | |
| SIGNATUR | RE. | | | | | | | | | |
| | Signature, typed or pointed name of registeror | | | Age | nt signature requir | ed when reinstating) | DATE | | ************************************** | |
| 12. | | AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFIC | | ****** | | |
| TITLE | PD | ☐ DELETE | 1.5 (1) | LE | - | • | Ĺ | Change | Addition Addition | |
| NAMÉ | KAZARIAN, RALPH N | _ | 1.2 NA | | | | | | | |
| STREET ADDRES | STREET ADDRESS 1200 EAST COLONIAL DRIVE 1.3 | | | 1.3 STREET ADDRESS | | | | | | |

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3.3 STREET ADDRESS 3.4. City-St-Zip

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2 4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

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3.2 NAME

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52 NAME

6.1 TITLE 6.2 NAME

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14. I do 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 chapted, or on an attachment with an address.

SIGNATURE:

HE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

R2E034 (9/96)

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May 14 1997 8:00am

Secretary of State

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