


FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership A.K.B., LTD.		1a. DOCUMENT # A96000000903
Mailing Address 2247 IMPERIAL GOLF COURSE BLVD. NAPLES FL 34110	Principal Office Address 2247 IMPERIAL GOLF COURSE BLVD. NAPLES FL 34110	
2. Mailing Address	2a. Principal Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV -1 AM 9: 31



3. Date Formed or Registered 05/10/1996	5a. Capital Contributions as Shown on record. \$200,000.00
3a. Date of Last Report	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BROWN, ANITA K 2247 IMPERIAL GOLF COURSE BLVD. NAPLES FL 34110	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.	
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) A.K.B. EUROPEAN IMPORTS, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2247 IMPERIAL GOLF CO	11b. City, State & Zip Code NAPLES FL 33942	11c. Registration/Document Number P94000068245
000002000300--0 -11/08/96--01044--024 ****576.25 ****576.25 KWM			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Anita K Brown

DATE

Sept. 16./96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)