

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003971 (5)**

1. Corporation Name

AMERICAN KIOSKS CORP.
~~AMERICAN KIOSKS CORPORATION~~

Principal Place of Business

**531 ONE CENTER BLVD. #203
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**531 ONE CENTER BLVD. #203
ALTAMONTE SPRINGS FL 32701**

FILED

98 DEC 21 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 4400 PGA BLVD	26 4400 PGA BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 500	27 Suite 500
City & State	City & State
23 Palm Bch Gardens FL	28 Palm Bch Gardens FL
Zip	Zip
24 33410	29 33410
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	Applied For
07/29/1997	<input checked="" type="checkbox"/> Not Applicable
4. FEI Number	
59-3452641	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARONOFF, LEN ESQ. 1947 LEE RD. WINTER PARK FL 32789	81 Name CHARLES D. BARNETT
	82 Street Address (P.O. Box Number is Not Acceptable) 500 AUSTRALIAN AVE. SOUTH
	83 STATE 800
	84 City WEST PALM BEACH FL
	85 Zip Code 33401

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 607.0503, Florida Statutes.

SIGNATURE **Charles D. Barnett** DATE **11/30/98**

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS 5200 N. Ocean Dr # 1003
CITY-ST-ZIP	1.4 CITY-ST-ZIP West Palm Bch, FL 33404
TITLE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2.2 NAME Randall S. Appel
STREET ADDRESS	2.3 STREET ADDRESS 445 Broad Hollow Rd, Suite 425
CITY-ST-ZIP	2.4 CITY-ST-ZIP melville, NY 11747
TITLE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3.2 NAME Larry E. Graybill
STREET ADDRESS	3.3 STREET ADDRESS 22213 Larkspur Tr
CITY-ST-ZIP	3.4 CITY-ST-ZIP Boca Raton, FL 33343
TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS 700002722447--S
CITY-ST-ZIP	4.4 CITY-ST-ZIP -12/24/98-01088-019
TITLE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS ***750.00
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

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]** DATE **561-627-9009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011034

CR2E034 (5/98)