

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

FILED

98 MAR -9 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1998 - 1998

DOCUMENT # J48420

W98-4048

1. Corporation Name

A&K GIFT STORE, INC.  
5299 W. OAKRIDGE RD. ORLANDO FL 32819.

Principal Place of Business

Mailing Address

5299 W. OAKRIDGE RD.  
ORLANDO, FL 32819

REINSTATEMENT 88-98

3. Date Incorporated or Qualified

12-23-1986

2. Principal Place of Business

21 SAME.

2a. Mailing Address

26 SAME.

4. FEI Number

59-2754798

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

10. Name and Address of New Registered Agent

MOSTAFIZUR R KHAN  
5299 W. OAKRIDGE RD.  
ORLANDO FL 32819

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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: Mostafizur R Khan

Signature of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: MOSTAFIZUR R KHAN ☐ DELETE  
NAME: 5226 DORRINGTON LN.  
STREET ADDRESS: ORLANDO FL 32821  
CITY-ST-ZIP: ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE: MOHAMMAD A KHAN ☐ DELETE  
NAME: 47 MONTEREY DR  
STREET ADDRESS: MANHASSET HILL, NY 11040  
CITY-ST-ZIP: ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE: ☐ DELETE  
NAME: ☐ DELETE  
STREET ADDRESS: ☐ DELETE  
CITY-ST-ZIP: ☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE: ☐ DELETE  
NAME: ☐ DELETE  
STREET ADDRESS: ☐ DELETE  
CITY-ST-ZIP: ☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE: ☐ DELETE  
NAME: ☐ DELETE  
STREET ADDRESS: ☐ DELETE  
CITY-ST-ZIP: ☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE: ☐ DELETE  
NAME: ☐ DELETE  
STREET ADDRESS: ☐ DELETE  
CITY-ST-ZIP: ☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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: Mostafizur R Khan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-98 407-345-0778

Date

Daytime Phone #

CR2E034 (10/97)