FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED PROFIT FLORIDA DEPARTMENT OF STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K29035 (8) C.A.K. ENTERPRISES, INC. Principal Place of Business Mailing Address 933 PARK AVE 933 PARK AVE LAKE PARK FL 33403 LAKE PARK FL 33403 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1988 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0064370 21 26 Not Applicable Suite, Apt, #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Δip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30, Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KYRIACOU, COSTAS 6027 UNGERER ST 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418 83 84 City Zip Code - 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 requisiered 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 lamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (LK) IF Hegistered Agent signature regi ed when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD DELETE __ Change Addition 1.1 TIFLE mr KYRIACOU, COSTA 72E034 NAME 12 NAME 6027 UNGERER ST STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIP 14 CITY-ST-7IP DELETE Change Addition 21 mile TITLE NAME NAME STREET ADDRESS 2,3 STREET ADDRESS 2. 4 CITY-51-ZIP COTY-SI-209 DELETE Change Addition 3.1 000 HILE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-ST-7P 3 4. CITY-ST-7IP DELEYE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 City-st-2P CITY-ST-ZIP Addition DELETE Change 5.1 TITLE THUE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - Si - ZIP CITY-ST-ZP DELETE 61 ATTE Change ___ Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 SUBSET ADDRESS 6.4 CHY-SY-ZIP UITY - \$1 - 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 eath; 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.

1-23-98

SIGNATURE: Costal Killian IIF. E.