

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90156 006 ***150.00

NOT FOR
AN

DOCUMENT # P02000053826

1. Entity Name
AOKE INCORPORATED



Principal Place of Business
**1387 N KILLIAN DR
LAKE PARK FL 33403-1943**

Mailing Address
**1387 N KILLIAN DR
LAKE PARK FL 33403-1943**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**DONLON, ROBERT M
4440 PGA BLVD, STE 307
PALM BCH GARDENS FL 33410**

4. FEI Number **03-0452613**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required


7. Name and Address of New Registered Agent

Name **RICHARD ARNONE**

Street Address (P.O. Box Number is Not Acceptable)
1387 NORTH KILLIAN DRIVE

City **LAKE PARK** FL Zip Code **33403**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **R. ARNONE** (NOTE: Registered Agent signature required when reinstating) **JAN 6, 2003** DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	O'DWYER, WILLIAM	
STREET ADDRESS	1387 N KILLIAN DR	
CITY-ST-ZIP	LAKE PARK FL 33403-1943	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAYLOR, RONALD	
STREET ADDRESS	1387 N KILLIAN DR	
CITY-ST-ZIP	LAKE PARK FL 33403-1943	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNONE, RICHARD	
STREET ADDRESS	1387 N KILLIAN DR	
CITY-ST-ZIP	LAKE PARK FL 33403-1943	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, MICHAEL	
STREET ADDRESS	1387 N KILLIAN DR	
CITY-ST-ZIP	LAKE PARK FL 33403-1943	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **R. ARNONE** 1-6-2003 561-881-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)