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PROFIT: CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000032217

1. Corporation Name

A & K ENTERPRISE OF JACKSONVILLE INC.

Principal Place of Rusiness	Mailing Address	
Principal Place of Business 10 BLANDING BLVD STE A ORANGE PARK FL 32073	10 BLANDING BLVD STE A ORANGE PARK FL 32073	
US	US	3.

FILED Feb 26, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address			I CARLLED LITE OF LEW CERT AND		1811 (68) 1981
10 BLANDING B		10 BLANDING BLVD					
STE A	DLVU	STE A					
ORANGE PARK FL 32073 ORANGE PARK FL 32073				DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed 05/03/1993		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			59-3178170	Not	Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 A	dditional
22		27			5. Certicate of Status Desired	Fee Rec	quired
City & State	e	City & State			-6,-Election.Campaign Financing	\$5.00 -	May Bo -
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	/	This corporation owes the current year		_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name	•		
AKIT.	aka, yamamoto		82	Stroot	Address (P.O. Box Number is Not Acceptable)		
7542	GINGER TEA TRAIL WEST		02	Siree!	Address (F.O. Dox Humber is Not Acceptable)		
JACH	KSONVILLE FL 32244		83				
						1 -1 -1 -	
I			84	City	•	FL 85 Zip C	code ·)
office or n	egistered agent, or both, in the State on the state of the obligation of the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	ithonized by ida Statute:	tne corpo	corporation submits this statement for the purposoration's board of directors. I hereby accept the a	ppointment as reg	registered pistered
	Signature, typed or printed name of registered agen			nt signature re			DC IN 12
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	Change	☐ Addition
TITLE	VD	☑ DELETE	1.1 TITLE		FIFER, AKIKO	onango	
NAME	YAMAMOTO, AKIKO	_	1.2 NAME		7542 GINGER TEA TRAI	I WEST	
STREET ADDRESS	7542 GINGER TEA TRAIL WES			TADDRESS	AS AS GINGER IEW INN		ĺ
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-1	ST-ZIP	JACKSONVILLE FL 3224	Channe	Addition
TITLE	TSD	☐ DELETE	2.1 TITLE			Change	☐ ¥000001
NAME:	YAMAMOTO, AKITAKA		2.2 NAME				
STREET ADDRESS	7542 GINGER TEA TRAIL WES	Γ	2.3 STREE	TADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-	ST-ZIP			
TITLE	PD	☐ DELETE	0.4 7177.5				
NAME	VALIANIOTO KEIKO	L. DELETE	3.1 TITLE	ĺ		☐ Change	Addition
i i	YAMAMOTO, KEIKO	[] DECE IE	3.1 IIILE 3.2 NAME			☐ Change	Addition
STREET ADDRESS	7542 GINGER TEA TRAIL WES		3 2 NAME	T ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP			3 2 NAME	T ADDRESS			
	7542 GINGER TEA TRAIL WES		3.2 NAME 3.3 STREE	T ADDRESS		☐ Change	Addition
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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 an aptitachment with an application, with all other like empowered.

SIGNATURE: