

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000059067 (7)**

1. Corporation Name
JOSEF AKIVA, INC.



Principal Place of Business 2097 SEAFOOD AVE WEST PALM BEACH FL 33409 US	Mailing Address 1927 STRATFORD WAY WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2097 SPAFFORD AVE. Suite, Apt. #, etc. 22 City & State 23 W. PALM BEACH, FL Zip 24 33409 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 08/18/1993
		4. FEI Number 65-0429316		Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent AKIVA, JOSEF 1927 STRATFORD WAY WEST PALM BEACH FL 33409		10. Name and Address of New Registered Agent 81 Name JOSEF OR ANNETTE AKIVA 82 Street Address (P.O. Box Number is Not Acceptable) 1927 STRATFORD WAY 83 84 City W. PALM BEACH FL 85 Zip Code 33409	
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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

Signature, typed or printed name 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 P	<input type="checkbox"/> DELETE	1.1 TITLE OWNER/PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AKIVA, JOSEF		1.2 NAME JOSEF AKIVA	
STREET ADDRESS 1927 STRATFORD WAY		1.3 STREET ADDRESS 1927 STRATFORD WAY	
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-ST-ZIP W. PALM BEACH, FL 33409	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE OWNER/VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AKIVA, ANNETTE R		2.2 NAME ANNETTE R. AKIVA	
STREET ADDRESS 1927 STRATFORD WAY		2.3 STREET ADDRESS 1927 STRATFORD WAY	
CITY-ST-ZIP WEST PALM BEACH FL		2.4 CITY-ST-ZIP W. PALM BEACH, FL 33409	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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, unchanged, or on an attachment with an address.

SIGNATURE

Anneth Akiva

4-21-98 561-684-3330

CR2E034 (10/97)