

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 10: 21

DOCUMENT # P94000079370 (0)

1. Corporation Name
AKB ENTERPRISES, INC.

Principal Place of Business 4301 N OCEAN BLVD UNIT 1002-A BOCA RATON FL 33431	Mailing Address 4301 N OCEAN BLVD UNIT 1002-A BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/28/1994		3a. Date of Last Report	
4. FEI Number 65-0530276		Applied For Not Applicable	
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 22	Applied For Not Applicable 27
Suite, Apt. #, etc. 23	Suite, Apt. #, etc. 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 24	City & State 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 25	Zip 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country	Country		

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name Kathleen Brickman 82 Street Address (P.O. Box Number is Not Acceptable) 4301 N Ocean Blvd # 1002 83 84 City Boca Raton FL 85 Zip Code 33431	
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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 my appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE *Alan G. Brickman* *Kathleen Brickman* *Secy/Treas* 6/2/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when retaining agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME BRICKMAN, ALAN G	1.1 TITLE Secy/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4301 N OCEAN BLVD UNIT 1002-A	CITY - ST - ZIP BOCA RATON FL 33431	1.2 NAME Kathleen Brickman #	
TITLE	NAME	1.3 STREET ADDRESS 4301 N Ocean Blvd 1002	
STREET ADDRESS	CITY - ST - ZIP	1.4 CITY - ST - ZIP Boca Raton, FL 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.1 TITLE	
STREET ADDRESS	CITY - ST - ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.1 TITLE	
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on the 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alan G. Brickman* *Kathleen Brickman* *Secy/Treas* 6/2/95 (707) 241-6356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type in Block 13)