

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90014 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000079370

1. Corporation Name
AKB ENTERPRISES, INC.



Principal Place of Business	Mailing Address
960 SW 11TH ST. BOCA RATON FL 33486 US	4301 N OCEAN BLVD UNIT 1002-A BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	10/28/1994
4. FEI Number	65-0530276
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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 3051 N.E. 48 th St Suite, Apt. #, etc. 22 610	26 3051 N.E. 48 th St Suite, Apt. #, etc. 27 610
23 Ft. Lauderdale, FL	28 Ft. Lauderdale, FL
24 33308 25 Broward	29 33308 30 Broward

9. Name and Address of Current Registered Agent

BRICKMAN, ALAN
 960 SW 11TH ST.
 BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name	Alan G Brickman
82 Street Address (P.O. Box Number is Not Acceptable)	3051 NE 48 th St
83	610
84 City	Ft Lauderdale
85 Zip Code	FL 33308

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 *Alan G. Brickman* DATE 4/13/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BRICKMAN, ALAN G	
STREET ADDRESS	960 SW 11TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BRICKMAN, KATHLEEN	
STREET ADDRESS	6902 PALMETTO CIRCLE SOUTH	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brickman Alan G.	
1.3 STREET ADDRESS	3051 N.E. 48 th St 610	
1.4 CITY-ST-ZIP	Ft Lauderdale FL 33308	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alan G. Brickman* SIGNATURE REQUIRED DATE 4/13/99 DAYTIME PHONE # 954 772 9468

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

CR2E034 (1/98)