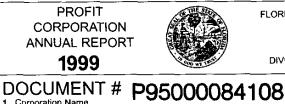
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90171 016 ***150.00

A-B-O- F	AKIVIS, INC.					
Principal Plac		Mailing Address				
14521 HARRIS PLACE 14521 HARRIS PLACE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014					DO NOT WRITE IN THE SPACE	
					DO NOT WRITE IN THIS SPACE	٦
					3. Date Incorporated or Qualifed 11/02/1995	j
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For]
21		26			65-0748558 Not Applicable]
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	ì
22		27			Fee Required	4
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	ĺ
23		28			Trust Fund Contribution Added to Fees	-
Zip	Country	Zip		ıntry	8. This corporation owes the current year Intangible Personal Property Tax	
24	9. Name and Address of Curre	29 29	30	т	Personal Property Tax. LIYes LINo 10. Name and Address of New Registered Agent	┨
	9. Name and Address of Curr	ant Registered Agent		81 Name		1
VOL	LGER, CARL R					4
14521 HARRIS PLACE				82 Street	et Address (P.O. Box Number is Not Acceptable)	1
MIAMI LAKES FL 33014				83		-
						_[
				84 City	FL 85 Zip Code	ļ
11 Pursuant	to the provisions of Sections 607.05	602 and 607 1508 Florida State	ites, the a	bove-named	ed corporation submits this statement for the purpose of changing its registered	1
office or	registered agent, or both, in the Stat	e Florida, Such change was	authorize	d by the corpo	reporation's board of directors. I hereby accept the appointment as registered	1
	im familiar with artig accept the obt	erons of, Section 607.0505, F	iorida Siai	wies.	2/2/99	}
SIGNATURE	Signature, types or prigled negro of registered as	gent and title if applicable. (NO	E: Registere	Agent signature r	re required when reinstating) DATE	١,
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12] }
TITLE	D	☐ DELETE	1.1 7	TLE	☐ Change ☐ Addition	
NAME	VOLLGER, CARL R		1.2 N	AME	,	;
STREET ADDRESS	14521 HARRIS PLACE		1.3 \$	TREET ADDRESS	ss	11
CITY-ST-ZIP	MIAMI LAKES FL 33014		1.4 0	TY-ST-ZIP		_ ն
TITLE		☐ DELETE	2.1 T	TLE	☐ Change ☐ Addition	°
NAME	}		2.2 N	AME		1
STREET ADDRESS			2.3 S	TREET ADDRESS	ss · .	
CITY-ST-ZIP			2.40	CITY-ST-ZIP		╛
TITLE		☐ DELETE	3.1 T	MLE	☐ Change ☐ Addition	j
NAME			3.2 N	AME		Ì
STREET ADDRESS			3.3 S	TREET ADDRESS	SS	}
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TITLE		☐ DELETE	4,1 7	ITLE	Change Addition	' \
NAME	[4.21	IAME		{
STREET ADDRESS			4.3 S	TREET ADDRESS	ss	
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NAME			5.2 N		, one	
STREET ADDRESS				TREET ADDRESS	20)	1
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TITLE		DELETE	1		☐ Change ☐ Addition	
NAME			6.2 N		,	
STREET ADDRESS				TREET ADDRESS	33	
CITY-ST-ZIP	I .		■ 6.4 C	ITY-ST-ZIP		1

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 appearing of the corporation of the corporation of the corporation of the receiver of trustee empowered.

SIGNATURE: