FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 JUL -2 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000017703 (5)**

1. Corporation Name
AKE ENTERPRISES, INC.

Principal Place of Business
10117 W. OAKLAND PARK BLVD.
#376
SUNRISE FL 33351-0376

Mailing Address
10117 W. OAKLAND PARK BLVD.
#376
SUNRISE FL 33351-6917

3. Date Incorporated or Qualified: **02/26/1996**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 650652746 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
HARRIS, GAIL L
1101 WEST OAKLAND PARK BLVD.
#376
SUNRISE FL 33351-0376

10. Name and Address of New Registered Agent
81 Name: HARRIS, GAIL L.
82 Street Address (P.O. Box Number is Not Acceptable): 1751 NW 46th Ave
83 C304
84 City: Lauderhill — FL — 85 Zip Code: 33313

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: GAIL L. HARRIS, CH/PRES — Gail L. Harris — 4-30-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	HARRIS, GAIL L
STREET ADDRESS	2070 N.W. 43RD TERRACE #7
CITY-ST-ZIP	LAUDERHILL FL 33313
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/M/P ☒ Change ☐ Addition
1.2 NAME	GAIL L. HARRIS
1.3 STREET ADDRESS	1751 NW 46th AVE C304
1.4 CITY-ST-ZIP	Lauderhill, FL 33313
2.1 TITLE	V ☐ Change ☒ Addition
2.2 NAME	Austin K.E. HARRIS
2.3 STREET ADDRESS	1751 NW 46th AVE C304
2.4 CITY-ST-ZIP	Lauderhill, FL 33313
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	400002232614--0
6.3 STREET ADDRESS	-07/08/97--01040--013
6.4 CITY-ST-ZIP	****165.00 ****165.00

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Gail L. Harris — April 30, 1997 (954) 486-1066