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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9600041356 (2) A.B.K. CAPITOL, INC.

Principal Place of Business 2553 VINCE DRIVE APOPKA FL 32704

CITY-ST-ZIP

SIGNATURE:

Mailing Address

2553 VINCE DRIVE APOPKA FL 32704

FILED Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

		and the same of th			05/09/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3395454	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate di Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zìp	Country	Zip	Cou	ntry	8. This corporation owes or has paid the curre	ent vear Intancible
24	25	29	30		_ '	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered A	jent
MARVEL, KYLE				81 Name		
2553 VINCE DRIVE						
APOPKA FL 32704				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
APOPKA FL 32/04				83		
			1	"		,
			Ì	84 City		85 Zip Code
						<u> </u>
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Status of Florida, Such change was	ites, the at	ove-named cor	rporation submits this statement for the purpose of c	hanging 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						
Old Williams	Signature, typed or printed name of registered ag-	ent and tille if applicable. (NO	TE. Registered	Agent signature requ	ulred when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE	PSTD	L DELETE	1,1 711	LE		Change Addition
NAME {	MARVEL, KYLE		1.2 NA	ME		Ì
STREET ADDRESS	2553 VINCE DRIVE		1.3 STI	REET ADDRESS		}
CITY-ST-ZIP	APOPKA FL 32704		1.4 CII	Y-ST-ZIP		
TITLE		DELETE	2.1 TII	LE		Change Addition
NAME			2.2 NA	vie	<u>.</u>	
STREET ADDRESS			2350	REET ADDRESS]
CITY-ST-ZIP			E -	Y-SI-ZIP		
TITLE		DELETE	3.1 707			Change Addition
NAME			3.2 NA			
STREET ADDRESS			1	EET ADDRESS		
CITY-ST-ZIP		Classes		Y-ST-ZIP		J Obanes F Lagrer
TOTLE		DELETE	4.1 TIT	1	L	_ Change Addition
NAME			4, 2 NA	ME		ļ
STREET ADDRESS			4,3 STI	REET ADDRESS		
CITY-ST-ZIP			4,4 CIT	Y-ST-ZIP		
TITLE		L_ DELETE	5.1 TIT	.E		Change Addition
NAME			5.2 NA	ME		İ
STREET ADDRESS			5,3 STF	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 TIT			Change Addition
NAME			6.2 NA	-		
· · · · · · · · · · · · · · · · · · ·			8	·- I		ļ
STREET ADDRESS			6.3 511	EET 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 trusted 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.