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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000071097 (5)

AKE PROPERTIES, INC.

ANI III	OI LITTLO, INO.					
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	L HARMARI HA HAMA GUUN BANN BANN BANN	1880) 11014 88118 18111 1881 1881	
7500 ANSON COURT LAKE WORTH FL 33467		7500 ANSON COURT LAKE WORTH FL 33467	-7801			
				08/26/1996	. Date of Last Report	
	lace of Business	2a. Mailing Address		4) FEI Number	Applied For	
21		26		65-0690678	Not Applicable	
Suite, Apt		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	O	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Ζιp	Country	Zip	Country	8. This corporation has liability for intan		
24	25 9. Name and Address of Curre	29 ont Registered Agent	30	Florida Statutes Yel 10. Name and Address of New Register		
V01		in negistereu Agent	81 Name	10, Name and Address of New Registe	red Agent	
	BRIN, ARTHUR		Name			
9760 NORTHWEST 47TH DRIVE			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
COI	RAL SPRINGS FL 33076		83			
			55			
			84 City		FL 85 Zip Code	
l office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was	s authorized by the corpor	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered appointment as registered	
SIGNATURE						
12.	Signature, type for printed name of tegin count at		Off: Registered Agent signature rec		ALE CUESCACO IN AC	
TITLE	D OFFICERS AF	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
NAMÉ	ALBO, VICTOR	L Detter		ALBO, VICTOR	(Title clange	
	7500 ANSON COURT		12 NAME	1500 ANSON COURT	only)	
STREET ADDRESS	LAKE WORTH FL 33467			LAKE WOLTH, FL 33467		
CITY-ST-ZIP TITLE	0	DELETE		-1010	Change Addition	
NAME	KOBRIN, ARTHUR	Oct.	22 NAME	OBREN, ARTHUR 1760 NORTHWEST 47th Drive	(TITLE Cheese	
·	9760 NORTHWEST 47TH DRI	IVE	2 2 NAME IN	760 NORTHWEST 47th Drive	oner)	
STREET ADORESS	CORAL SPRINGS FL 33076	IVL		CORAL SPRINGS, FL 33076		
CHTY-ST-ZIP TITLE	COME SPHINGS PE 33070	DELETE	2.4 CITY-ST-ZIP C	VID	Change Addition	
NAME			3.2 NAME	LAX. LAWRENCE	Gridinge ModRIOH	
			D.2 NAME	CLAX, LAWRENCE 3315 NW 98 TH LANE	:	
STREET ADDRESS			3.3 STREET ADDRESS	ORAL SPATNES, FL 33065		
CITY-\$\$-7IF		DELETE	3.4. CITY-ST-ZIP C 4.1 TITLE	Court Average	Change Addition	
NAME		L.J. Detaile	4.2 NAME		OnlingC Roomon	
STREET ADORESS			4.2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-SI - ZIP			
TITLE		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME		_	5.2 NAME			
STREET ADDRESS					l	
			5.3 STREET ADDRESS			
			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addilion	

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 armual 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 Juchanged, or on an attachment with an address.

SIGNATURE:

CHATHE AND YOUR OR PRINTED NAME OF SIGNING DEFICE OF PRECTOR

JAN. 6, 1997 561-642-4304

FILED

Jan 14 1997 8:00am

Secretary of State