

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000060141**
Corporation Name
A & K DEVELOPMENT CORP.

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90005 014 ***550.00



Principal Place of Business
**13 AVOCADO BLVD.
PALM BEACH FL 33411**

Mailing Address
**4573 AVOCADO BLVD.
PALM BEACH FL 33411**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/08/1998	
4. FEI Number 65-0850865	Applied For <input type="checkbox"/> Not Applicable
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SANTANA, FRANCIS X 28 WEST FLAGLER STREET SUITE 400 MIAMI FL 33130		10. Name and Address of New Registered Agent	
81 Name Same		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City FL	
85 Zip Code			

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 Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. NAME D WEST, TERRY 2. ADDRESS 4573 AVOCADO BLVD. 3. CITY-STATE-ZIP PALM BEACH FL 33411		1.1 TITLE W/A		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME WEST, TERRY 3. ADDRESS 4573 AVOCADO BLVD. 4. CITY-STATE-ZIP PALM BEACH FL 33411		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. NAME WEST, TERRY 4. ADDRESS 4573 AVOCADO BLVD. 5. CITY-STATE-ZIP PALM BEACH FL 33411		2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. NAME WEST, TERRY 5. ADDRESS 4573 AVOCADO BLVD. 6. CITY-STATE-ZIP PALM BEACH FL 33411		2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. NAME WEST, TERRY 6. ADDRESS 4573 AVOCADO BLVD. 7. CITY-STATE-ZIP PALM BEACH FL 33411		2.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME WEST, TERRY 7. ADDRESS 4573 AVOCADO BLVD. 8. CITY-STATE-ZIP PALM BEACH FL 33411		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. NAME WEST, TERRY 8. ADDRESS 4573 AVOCADO BLVD. 9. CITY-STATE-ZIP PALM BEACH FL 33411		3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. NAME WEST, TERRY 9. ADDRESS 4573 AVOCADO BLVD. 10. CITY-STATE-ZIP PALM BEACH FL 33411		3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. NAME WEST, TERRY 10. ADDRESS 4573 AVOCADO BLVD. 11. CITY-STATE-ZIP PALM BEACH FL 33411		3.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME WEST, TERRY 11. ADDRESS 4573 AVOCADO BLVD. 12. CITY-STATE-ZIP PALM BEACH FL 33411		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. NAME WEST, TERRY 12. ADDRESS 4573 AVOCADO BLVD. 13. CITY-STATE-ZIP PALM BEACH FL 33411		4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. NAME WEST, TERRY 13. ADDRESS 4573 AVOCADO BLVD. 14. CITY-STATE-ZIP PALM BEACH FL 33411		4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. NAME WEST, TERRY 14. ADDRESS 4573 AVOCADO BLVD. 15. CITY-STATE-ZIP PALM BEACH FL 33411		4.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME WEST, TERRY 15. ADDRESS 4573 AVOCADO BLVD. 16. CITY-STATE-ZIP PALM BEACH FL 33411		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
15. NAME WEST, TERRY 16. ADDRESS 4573 AVOCADO BLVD. 17. CITY-STATE-ZIP PALM BEACH FL 33411		5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
16. NAME WEST, TERRY 17. ADDRESS 4573 AVOCADO BLVD. 18. CITY-STATE-ZIP PALM BEACH FL 33411		5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
17. NAME WEST, TERRY 18. ADDRESS 4573 AVOCADO BLVD. 19. CITY-STATE-ZIP PALM BEACH FL 33411		5.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME WEST, TERRY 19. ADDRESS 4573 AVOCADO BLVD. 20. CITY-STATE-ZIP PALM BEACH FL 33411		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
19. NAME WEST, TERRY 20. ADDRESS 4573 AVOCADO BLVD. 21. CITY-STATE-ZIP PALM BEACH FL 33411		6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
20. NAME WEST, TERRY 21. ADDRESS 4573 AVOCADO BLVD. 22. CITY-STATE-ZIP PALM BEACH FL 33411		6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
21. NAME WEST, TERRY 22. ADDRESS 4573 AVOCADO BLVD. 23. CITY-STATE-ZIP PALM BEACH FL 33411		6.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE:

SIGNATURE REQUIRED

9-6-99

561-795-2376

CR2E034 (5/99)