

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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P98000077543

1. Corporation Name

AKR ENTERPRISES, INC.

Principal Place of Business

5970 SW 18TH ST. #123
BOCA RATON FL 33433

Mailing Address

5970 SW 18TH ST. #123
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1998

4. FEI Number

65-0866998

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation owes the current year, Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

RIND, ANNLYN KROLL
5970 SW 18TH ST, #123
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

Cindy Levine

82 Street Address (P.O. Box Number is Not Acceptable)

5970 SW 18th St. #123

83

84 City

Boca Raton

FL

85 Zip Code

33433

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

1/19/99

12. OFFICERS AND DIRECTORS

TITLE PVST ☒ DELETENAME RIND, ANNLYN KROLL
STREET ADDRESS 5970 SW 18TH ST, #123
CITY-ST-ZIP BOCA RATON FL 33433TITLE D ☒ DELETENAME RIND, ANNLYN KROLL
STREET ADDRESS 5970 SW 18TH ST, #123
CITY-ST-ZIP BOCA RATON FL 33433TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST ☐ Change ☒ Addition

1.2 NAME

CINDY LEVINE

1.3 STREET ADDRESS

5970 SW 18th St. #123

1.4 CITY-ST-ZIP

BOCA RATON, FL 33433

2.1 TITLE

D ☐ Change ☒ Addition

2.2 NAME

CINDY LEVINE

2.3 STREET ADDRESS

5970 SW 18th St. #123

2.4 CITY-ST-ZIP

BOCA RATON, FL 33433

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99 581-367-0727

CR2E034 (11/98)