

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

05-15-1999 90010 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98 000100546 ✓ 1. Corporation Name Akeem Enterprises, Inc. 5015 Tropez Way #1923 Orlando, FL 32839			
Principal Place of Business 5015 Tropez Way #1923 Orlando, FL 32839		Mailing Address 5015 Tropez Way #1923 Orlando, FL 32839	
2. Principal Place of Business 21 2721 Forsyth Rd. #258 Suite, Apt. #, etc. #258 City & State Orlando FL Zip 32817 Country Orange		2a. Mailing Address 26 Same Suite, Apt. #, etc. City & State Zip 30 Country	
9. Name and Address of Current Registered Agent Louai K. Khugha 5015 Tropez Way #1923 Orlando, FL 32839		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2721 Forsyth Rd. #258 83 84 City Orlando, FL FL 85 Zip Code 32817	
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 X Louai K. Khugha (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE President NAME Louai K. Khugha STREET ADDRESS 5015 Tropez Way #1923 CITY-ST-ZIP Orlando, FL 32839 [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE]		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 2721 Forsyth Rd. 13 STREET ADDRESS #258 14 CITY-ST-ZIP Orlando, FL 32817 [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition] [Change] [Addition]	
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. SIGNATURE: X Louai K. Khugha Apr 28 99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (5/98)