

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S15378 (0)

1. Corporation Name

AKHTAR ENTERPRISES, INC



Principal Place of Business

Mailing Address

PALM HARBOR PLACE
128 ALT 19 NORTH
PALM HARBOR FL 34683
US

2108 GULL LANE
SAFETY HARBOR FL 34695
US

3. Date Incorporated or Qualified 11/21/1990	3a. Date of Last Report 06/20/1995
4. FEI Number 59-3038461	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> A	\$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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 128 ALT 19 N.
22 City & State	27 SAFETY HARBOR FL
23 Zip	28 34683
24 Country	29 USA

9. Name and Address of Current Registered Agent

AKHTAR, FADIBERA
1109 NORMANDY RD
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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, if not applicable, (NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P AKHTAR, SHABBIR 2108 GULL LANE SAFETY HARBOR FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKHTAR, SHABBIR	1.2 NAME	
STREET ADDRESS	2108 GULL LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SAFETY HARBOR FL	1.4 CITY - ST - ZIP	
TITLE	V AKHTAR, SOUSSI 2108 GULL LANE SAFETY HARBOR FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKHTAR, SOUSSI	2.2 NAME	
STREET ADDRESS	2108 GULL LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAFETY HARBOR FL	2.4 CITY - ST - ZIP	
TITLE	T AKHTAR, SAMIR 11801 N 50TH ST TAMPA FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKHTAR, SAMIR	3.2 NAME	
STREET ADDRESS	11801 N 50TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

CR2E034 (3/96)