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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S15378

(0)

AKHTAR ENTERPRISES, INC

1109 NORMANDY RD

CLEARWATER FL 34624

FILED	
May 19 1997 8	8:00am
Secretary of	State

Zip Code

rincipal Place of Business Mailing Address								
alm Harbor Place 28 alt 19 North Alm Harbor Fl 34683		1208 ALT 19 NOI PALM HARBOR F US						
\$					3. Date Incorporated or Qualified 11/21/1990	1	Pate of Last Report /02/1996	
Principal Place	of Business	2e, Mailing Addr	oss		4. FEI Number		Applied For	
]		26			59-3038461		Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #,	elc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip]	Country 25	Zip	30	untry	8. This corporation has liability for Florida Statutes	intangibli] Yes	'	
9. Name and Address of Current Registered Agent				1	10. Name and Address of New Re	gistered	Agent	
AKHTA	R, FADIBLES BER	4		81 Name				

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.

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83 84

City

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

ageni. i a	m tamaar wijn, and accept the obligations of Section	1 607.0305, 11016	ia Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and tille if applicable	c (NOIL R	egistered Agent signature requ	uired when reinstaling) D	ATÉ	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	S IN 12
TITLE	P	DELETE	1.1 THLE		Change Change	Addition
NAME	AKHTAR, SHABBIR		1.2 NAME			
STREET ADDRESS	2108 GULL LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL		1.4 C(TY-ST-7)P			
TOLE	V	☐ DELETE	21 TIBLE		Change	Addition
NAME	AKHTAR, SOUSSI		2.2 NAME	14		
STREET ADDRESS	2108 GULL LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL		2.4 CITY-ST-ZIP			
TITLE	T	☐ DELFTE	3.1 TITLE		Change	Addition
NAME	AKHTAR, SAMIR		3,2 NAMI			
STREET ADDRESS	11801 N 50TH ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY+S1+7IP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHY - \$1 - 7(P			
TITLE		□ DELFTE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY-ST-ZIP			
TITLE		DECETE	6171111.15		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			6.4.0 TH 07. THD			

CITY-S1-ZIP
14. If 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 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 of 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 changing or op an attachment with an address

APA 25. 97 813.787014