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

FILED
Jul 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # S15378

1. Corporation Name
AKHTAR ENTERPRISES INC.

Principal Place of Business
PALM HARBOR
FL 34683

Mailing Address
128 ALT 19 N.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business
21 128 ALT 19 N.
Suite, Apt. #, etc
22
City & State
23 PALM HARBOR FL
Zip 24 34683 County 25 PINELLAS

2a. Mailing Address
26 128 ALT 19 N.
Suite, Apt. #, etc
27
City & State
28 PALM HARBOR FL
Zip 29 34683 County 30 PINELLAS

4. FEI Number
59 303 6981
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SHABBIR AKHTAR
128 ALT 19 N.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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, that position under 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Typed or printed name of person signing) (New Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P.S.	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SHABBIR AKHTAR		12 NAME		
STREET ADDRESS	128 ALT 19 N		13 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		14 CITY ST ZIP		
TITLE	V.	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SOSBIE AKHTAR		22 NAME		
STREET ADDRESS	1109 NORMANDY RD		23 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33764		24 CITY ST ZIP		
TITLE	T.	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	SAMIR JR. AKHTAR		32 NAME		
STREET ADDRESS	1109 NORMANDY RD		33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33764		34 CITY ST ZIP		
TITLE	D.	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	FADI B. AKHTAR		42 NAME		
STREET ADDRESS	1109 NORMANDY RD		43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33764		44 CITY ST ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY ST ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY ST ZIP		

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***158.75

CR2E034 (10/97)

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 added/deleted with an address.

SIGNATURE: SHABBIR AKHTAR P/S JULY 10, 98 8137870145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone