

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

1995 MAY 23 AM 8 11

STATE  
FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **697740** (9)

1. Corporation Name  
**ALBERT PRADETTO, INC.**

Principal Place of Business: **8175 NEEDLES DR PALM BEACH GARDEN FL 33418 US**

Mailing Address: **8175 NEEDLES DR PALM BEACH GARDENS FL 33418 US**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/05/1981**

3a. Date of Last Report: **04/21/1994**

4. FEI Number: **59-2150226**

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 has liability for intangible tax under S. 189.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**PRADETTO, ALBERT  
8175 NEEDLES DR  
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

B1 Name: **MICHAEL A. LAMPERT, ESQUIRE**

B2 Street Address (P.O. Box Number is Not Acceptable): **The Forum - Suite 900**

B3: **1655 Palm Beach Lakes Blvd.**

B4 City: **West Palm Beach** FL B5 Zip Code: **33401**

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: *This is my signature* **Michael A. Lampert** DATE: **4/14/95**

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | S                         |
| NAME            | <b>CUTBERT BRYAN</b>      |
| STREET ADDRESS  | <b>2421 HOLLY LANE</b>    |
| CITY - ST - ZIP | <b>LAKE PARK FL</b>       |
| TITLE           | PD                        |
| NAME            | <b>PRADETTO, ALBERT</b>   |
| STREET ADDRESS  | <b>8175 NEEDLES DRIVE</b> |
| CITY - ST - ZIP | <b>LAKE PARK FL</b>       |
| TITLE           | V                         |
| NAME            | <b>PRADETTO, ALBERT</b>   |
| STREET ADDRESS  | <b>8175 NEEDLES DRIVE</b> |
| CITY - ST - ZIP | <b>LAKE PARK FL</b>       |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME            | <b>Trustee P, D</b>   |
| 23 STREET ADDRESS  | <b>PRADETTO, JEAN, as Trustee</b>   |
| 24 CITY - ST - ZIP | <b>8175 Needles Drive<br/>Lake Park, FL 33418</b>                                       |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 32 NAME            | <b>800001497948</b>   |
| 33 STREET ADDRESS  | <b>-05/24/95--01026--014</b>  |
| 34 CITY - ST - ZIP | <b>****208.75 ****208.75</b>  |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 62 NAME            | <b>TRUST 5-23-95</b>  |
| 63 STREET ADDRESS  | <b>REMITTED BY MAIL</b>   |
| 64 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 under Section 189.032, 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 189, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeann P. Pradetto* DATE: **4/14/95**