

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F46284** (8)
1. Corporation Name
ALBA CONSULTING CORPORATION



Principal Place of Business: **1420 COURT STREET CLEARWATER FL 34616**
Mailing Address: **1420 COURT STREET CLEARWATER FL 34616**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **09/28/1981**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **59-2124640**
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**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ATANASIO, JOHN
1420 COURT STREET
CLEARWATER FL 33516**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person submitting this report on behalf of the corporation

Signature of Registered Agent's printer or person who registered this report

Signature of the person submitting this report on behalf of the corporation

12. OFFICERS AND DIRECTORS

1. TITLE	PTS	<input type="checkbox"/> DELETE
2. NAME	ATANASIO, JOHN	
3. STREET ADDRESS	1420 COURT STREET	
4. CITY, ST, ZIP	CLEARWATER FL	
5. TITLE	D	<input type="checkbox"/> DELETE
6. NAME	ATANASIO, JOHN	
7. STREET ADDRESS	1420 COURT STREET	
8. CITY, ST, ZIP	CLEARWATER FL	
9. TITLE	V	<input type="checkbox"/> DELETE
10. NAME	ATANASIO, EMILY J.	
11. STREET ADDRESS	1420 COURT STREET	
12. CITY, ST, ZIP	CLEARWATER FL	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(k), 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: *John Atanasio*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 813-443-0718
DATE TIME

CR2E034 (12/95)