

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G78095** (8)

1. Corporation Name
ALBERT H. PELL, INC.



Principal Place of Business	Mailing Address
DOYLE ROAD P.O. BOX 89 OSTEEN FL 32764-0089	DOYLE ROAD P.O. BOX 89 OSTEEN FL 32764-0089

3. Date Incorporated or Qualified 01/10/1984	3a. Date of Last Report 02/22/1995
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21. Principal Place of Business	2b. Mailing Address P.O. Box 189	4. FEI Number 59-2396300	Applied For Not Applicable
22. Suite, Apt. #, etc. 400 DOYLE RD	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
24. Zip		25. Country	
29. Zip		30. Country	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
PELL, ALBERT H. DOYLE ROAD P.O. BOX 89 OSTEEN FL 32764		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)	400 DOYLE ROAD	
		83.	P.O. Box 189	
		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, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELL, ALBERT H.	1.2 NAME	
STREET ADDRESS	DOYLE ROAD, P.O. BOX 89 N/A	1.3 STREET ADDRESS	400 DOYLE RD, PO BOX 189
CITY-ST-ZIP	OSTEEN FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELL, MARK	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 89 N/A	2.3 STREET ADDRESS	400 DOYLE RD, P.O. BOX 189
CITY-ST-ZIP	OSTEEN FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELL, ROSS A.	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 89 N/A	3.3 STREET ADDRESS	400 DOYLE RD, PO BOX 189
CITY-ST-ZIP	OSTEEN FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELL, JANETTE K.	4.2 NAME	
STREET ADDRESS	POST OFFICE BOX 89 N/A	4.3 STREET ADDRESS	400 DOYLE RD, PO BOX 189
CITY-ST-ZIP	OSTEEN FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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)(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: Albert H. Pell ALBERT H. PELL Date: 3-8-96 407-323-3677 Daytime Phone #

CR2E034 (12/95)