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FILED
Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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
**400 DOYLE ROAD
OSTEEN FL 32764-0089
US**

Mailing Address
**P.O. BOX 189
OSTEEN FL 32764-0189
US**

3. Date Incorporated or Qualified **01/10/1984** 3a. Date of Last Report **02/19/1996**

4. FEI Number **59-2396300** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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

9. Name and Address of Current Registered Agent

**PELL, ALBERT H.
400 DOYLE ROAD
P.O. BOX 189
OSTEEN FL 32764**

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 Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PELL, ALBERT H.	
STREET ADDRESS	400 DOYLE ROAD P.O. BOX 189	
CITY - ST - ZIP	OSTEEN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PELL, MARK	
STREET ADDRESS	400 DOYLE ROAD P.O. BOX 189	
CITY - ST - ZIP	OSTEEN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PELL, ROSS A.	
STREET ADDRESS	400 DOYLE ROAD P.O. BOX 189	
CITY - ST - ZIP	OSTEEN FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PELL, JANETTE K.	
STREET ADDRESS	400 DOYLE ROAD P.O. BOX 189	
CITY - ST - ZIP	OSTEEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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 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: _____ Date: **1-14-96**
407-322-3873

CR2E034 (9/96)