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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072183

Country

9. Name and Address of Current Registered Agent

ALBERT ENTERPRISE, INC.

Principal Place of Business 3401 NW 47 AVENUE #V-606 LAUDERDALE LAKES FL 33319

2. Principal Place of Business

DESMEULES, ALBERT

3401 NW 47 AVENUE #V-606 LAUDERDALE LAKES FL 33319

Suite, Apt. #, etc.

City & State

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Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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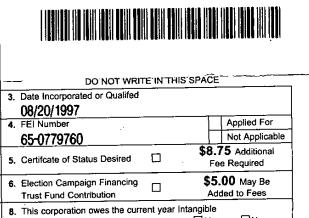
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3401 NW 47 AVENUE #V-606 LAUDERDALE LAKES FL 33319

FILED Feb 20, 1999 8:00 am Secretary of State

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Zip Code

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

84 Çity 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.

Country

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature required	d when reinstating) DATE		
signature, typed of printed finited finited and printed finited finite		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	D.DE DELETE	1,1 TITLE		Change	☐ Addition
TITLE	U-UC	1.2 NAME			
NAME .	DESMEULES, ALBERT	i i			}
STREET ADDRESS	3401 NW 47 AVENUE #V-606	1.3 STREET ADDRESS			ļ
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	1.4 CITY-ST-ZIP		Change	Addition
TITLE	DELETE	2.1 TITLE			
NAME		2.2 NAME			1
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-\$T-ZIP			
TITLE	DELETE	3.1 TITLE		` Change	Addition
NAME		3.2 NAME			
		3.3 STREET ADDRESS			
STREET ADDRESS		3.4, CITY-ST-ZIP			ĺ
CITY-ST-ZIP	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
TITLE	Decere				
NAME		4. 2 NAME			
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		5.2 NAME			·
STREET ADDRESS		5.3 STREET ADDRESS			ì
		5.4 CITY-ST-ZIP			
CITY-ST-ZIP	DELETE	6.1 TITLE		☐ Change	☐ Addition
TILE		6.2 NAME			
ME		6.3 STREET ADDRESS			
<u>FET ADDRESS</u>		d.5 d incer Abbricoo	,		ł

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF