

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 AUG 12 PM 3:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 199727 (9)
1. Corporation Name
ALBERTA-BEALE INC



Principal Place of Business
90 S E 5TH AVE DELRAY BEACH FL 33483

Mailing Address
90 S E 5TH AVE DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1957	3a. Date of Last Report 03/18/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6072981	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BONCHECK, MIKE 90 SE 5TH AVE DELRAY BEACH FL 33483		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. 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONCHECK, MICHAEL	1.2 NAME	
STREET ADDRESS	90 SE 5TH AV	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	400002268944--8
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	-08/15/97--00108--002 Addition
NAME	PALAZZI, ROBERT	2.2 NAME	****165.00 ****165.00
STREET ADDRESS	704 N. SWINTON	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33449	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

Robert Palazzi

CR2E034 (4/97)

BRENDA,

REMINDER NOTE AS YOU
REQUESTED PER OUR PHONE
CONVERSATION, MORNING OF 8/5.

ORIGINAL COPY OF REPORT
WENT TO 90 SE 5 AVE -

2ND NOTICE CAME TO ME
AT 704 N. SWINTON AVE.

YOU OK'D ELIMINATION OF
LATE FES. IF YOU WANT
TO CONTACT ME CALL

561-276-8766 WK + HM.

Many Thanks for your help!

Sincerely
Robert Palazzi