

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 10 PM 2:10

DOCUMENT # **F77967** (0)

1. Corporation Name
ALBERDI & BETHEA ENTERPRISES, INC.



Principal Place of Business: 1351 N VALI PT, LECANTO FL 34461, US
Mailing Address: P. O. BOX 2313, CRYSTAL RIVER FL 34423, US

3. Date Incorporated or Qualified: 04/27/1982
3a. Date of Last Report: 05/16/1995

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): P.O. Box 2528 (27): Suite, Apt. #, etc. (28): City & State (29): Zip (30): Country

4. FEI Number: 59-2190760
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

9. Name and Address of Current Registered Agent: BETHEA, JAMES A., 2181 N WATERSEDGE DRIVE, CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent (81-85): Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), 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 607.0508, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent at 11.01. Top left. Date typed or printed name of registered agent at 11.01. Top left.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETHEA, JAMES A.	1.2 NAME	
STREET ADDRESS	8009 TIERRA VERDE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETHEA, MARTHA A.	2.2 NAME	
STREET ADDRESS	8009 TIERRA VERDE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETHEA, JAMES A III	3.2 NAME	
STREET ADDRESS	1351 N JALI PT	3.3 STREET ADDRESS	
CITY - ST - ZIP	LECANTO FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETHEA, ANN	4.2 NAME	
STREET ADDRESS	1351 N. JALI PT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LECANTO FL	4.4 CITY - ST - ZIP	
TITLE		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		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	

200001821462
-05/15/96--01007--007
****225.00 ****225.00

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: *James Alberdi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES A. BETHEA

5/9/96
352-795-5675
Date
Executive File #

CR2E034 (12/95)