

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 # F93000005331 (4)

1. Corporation Name  
ALBET, INC.



Principal Place of Business

1234 AIRPORT RD. #104  
DESTIN FL 32541  
US

Mailing Address

1234 AIRPORT RD.  
#104  
DESTIN FL 32541  
US

3. Date Incorporated or Qualified  
11/23/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 912 Hwy 98 E

2a. Mailing Address

26 912 Hwy 98 E

4. FEI Number

75-2405147

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 City & State

DESTIN FL

28 City & State

DESTIN FL

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

24 Zip

32541

25 Country

OKALOOSA

29 Zip

32541

30 Country

OKALOOSA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREITHAUP, ALBERT

~~1234 AIRPORT RD. #104~~

DESTIN FL 32541

912 Hwy 98 E

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME BREITHAUP, ALBERT L. JR.

STREET ADDRESS ~~2710 HWY 98 E #102~~ 3472 SCENIC HWY 98 E

CITY-ST-ZIP DESTIN FL 32541

TITLE S ☐ DELETE

NAME BREITHAUP, ELIZABETH

STREET ADDRESS ~~2710 HWY 98 E #102~~ 3472 SCENIC HWY 98 E

CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT L. BREITHAUP JR 4-23-96

Date

Daytime Phone #

204-6574 2005

CR2E034 (12/95)