FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600000502 (2)

ALBERT & ASSOCIATES, INC.

Principal Prace of Business Mailing Address						a smaarma eisen smiter mitter mater mater gater	74 111 84 141	## W	,
2001 S. LAREDO ST 2001 S. LAREDO SAN ANTONIO TX 78207 SAN ANTONIO TX									
						3. Date Incorporated or Qualified 01/30/1996	3a. D.	ate of Last F	Report
2. Princ-pal f	Place of Business	2a. Mailing Address	ı, Mailing Address			4. FEI Number		A	pplied For
21		26			74-2325725 Not Applicable				
Suite, Apt TITT	#, @lo.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22 City & Sta	te	City & State			Fee Required 6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		•	to Fees
Z(p)	Country	Zip	Coun	itry	-	8. This corporation has liability for in	ntangible		
24	25	29	30	10		Florida Statutes Yes No			
	9, Name and Address of Curren	t Registered Agent				10. Name and Address of New Reg	istered	Agent	
	CORPORATION SYSTEM			81	Name				İ
	O SOUTH PINE ISLAND ROAD		82 Street A			ss (P.O. Box Number is Not Acceptable	Θ)		
PLA	INTATION FL 33324		83						
				53					
			[6	84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s. the abo	ove-i	named corpo	oration submits this statement for the pr		f changing	its registered
office or	registered agent, or both, in the State	of Florida, Such change was a	uthorized	by t	he corporation	oration submits this statement for the purion's board of directors. I hereby accep	the app	ointment as	registered
	menta into with any accept the oblige	mona or, occion our,osos, mo	ikia sialu	IIGS.					
SIGNATURE	Styricine typicd or printed name of registered age	of and title if applicable (NO1E	: Registered	Agent	signature require	d when reinstating)	DATE		*********
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS ANI	DIRECTO	RS IN 12
MUE	PD	☐ DELETE	1.1 1111	.E	V			Change	Addition
NAME	JENSEN, BERNARD E		1.2 NAX	AΕ	Č01	LLIER, JOHN D			
STREET ADORESS	217 VISTA ROBLES		1.3 STR	EET AI	DORESS 88	30 BRAE CREST DR.			
CHY- \$1-20°	SAN ANTONIO TX 78232		1.4 CITY		ZIP SAI	N ANTONIO, TX 78249			
TITLE	V	☐ DELETE	2.1 TITL					L. Change	Addition
MAME	JENSEN, WALTER S		2.2 NAN						
STREET ADORESS	1611 HAWKS RIDGE SAN ANTONIO TX 78248		2.3 STR						
0/17 - S1 - 74P	T T T T T T T T T T T T T T T T T T T	DELETE	2. 4 CIT 3.1 TITL		- ZIP			Change	Addition
TOTALE NAME	WEXLER, MARTIN	LW DELETE	3.1 HILL 3.2 NAM		1 6 6	EUEO (TEUEN W		C CHANGE	LEFT AUGICUIT
STREET ADORESS	5622 EDIE ADAMS DR				DDRESS 25	FEVER, STEVEN W 102 Summit Cove			
SHY- \$1-20	SAN ANTONIO TX 78240		3.4. CIT			n Antonie, TX 7825	0		
THE	S	DELETE	4.1 TiTL			A RMVIII, IA 10-3	0	Change	Addition
MAME	UZZELL, EDWARD L JR		4. 2 NAJ	ME				•	
STEELT ADDRESS	412 EL PORTAL		R		DDRESS				
011Y+ST+2IP	SAN ANTONIO TX 78232		4.4 CITY		1				
TITEE		DELETE	5.1 TITL					Change	Addition
NAMÉ			5.2 NAM	ΛE					
STREET ACURESS			5.3 STR	EET AL	DDRESS				
C(h - \$1, 78)			5.4 CITY	/-ST-	ZIP				
THEF		DELETE	6.1 TITU	E		-		Change	Addition
NAME			6.2 NAN	ΛE					
STREET ACORESS			6.3 STR	EET A	DORESS				

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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address

4/21/97

FILED

May 01 1997 8:00am

Secretary of State