


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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H96790 (1)
 1. Corporation Name
ALBACORE, INC.



Principal Place of Business 2311 ELLA PLACE CLEARWATER FL 34625	Mailing Address 2311 ELLA PLACE CLEARWATER FL 34625
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/30/1986	
2. Principal Place of Business 21 1857 Stetson Dr.	2a. Mailing Address 26 1857 Stetson Dr.
4. FEI Number 59-2635837	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State CLEARWATER, FL.		28 City & State CLEARWATER, FL.	
24 Zip 33765	25 County Pinellas	29 Zip 33765	30 County PINELLAS

9. Name and Address of Current Registered Agent SABATHE', SHELBY J. 2311 ELLA PLACE CLEARWATER FL 34625	10. Name and Address of New Registered Agent 81 Name Shelby J. Sabathe' 82 Street Address (P.O. Box Number is Not Acceptable) 1857 Stetson Dr. 83 84 City CLEARWATER FL 85 Zip Code 33765
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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 **Change of Address only** DATE **2-18-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABATHE', ARTHUR	1.2 NAME	
STREET ADDRESS	2311 ELLA PLACE	1.3 STREET ADDRESS	1857 Stetson Dr
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER, FL. 33765
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABATHE', SHELBY J.	2.2 NAME	
STREET ADDRESS	2311 ELLA PLACE	2.3 STREET ADDRESS	1857 Stetson Dr
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER, FL. 33765
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 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.

SIGNATURE **Shelby J. Sabathe'** DATE **2-18-98** **813-726-5185**

CR2E034 (10/97)