

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	
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	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 1857 Stetson Dr.		2a. Mailing Address 26 1857 Stetson Dr.	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 Clearwater, FL.		City & State 28 Clearwater, FL.	
Zip 24 33765		Zip 29 33765	
County 25 Pinellas		County 30 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	
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 2-18-98 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SABATHE', ARTHUR 2311 ELLA PLACE CLEARWATER FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1857 Stetson Dr Clearwater, FL. 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SABATHE', SHELBY J. 2311 ELLA PLACE CLEARWATER FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	1857 Stetson Dr Clearwater FL. 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



CR2E034 (10/97)

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: [Signature] 2-18-98 813-226-5185