

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 1:51

DOCUMENT # J05915 (0)

1: Corporation Name
ALBIN CORP.

Principal Place of Business: 2900 14TH ST. N. #5 NAPLES FL 33940
Mailing Address: 2900 14TH ST. N. #5 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3: Date Incorporated or Qualified: 03/24/1986
3a: Date of Last Report: 01/19/1994
4: FEI Number: 59-2682649
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

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

9. Name and Address of Current Registered Agent
MULLING, DONNA
2900 14TH ST. N. #5
NAPLES FL 33940

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	MULLING, DONNA
STREET ADDRESS	6025 22ND AVE SW
CITY-ST-ZIP	NAPLES FL
TITLE	DVP
NAME	MULLING, KENNETH C.
STREET ADDRESS	6025 22ND AVE SW
CITY-ST-ZIP	NAPLES FL
TITLE	DT
NAME	MOLDEN, ED L.
STREET ADDRESS	609 CEDAR CREEK GRADE #A
CITY-ST-ZIP	WINCHESTER VA
TITLE	DVP
NAME	MOLDEN, CHRISTOPHER A.
STREET ADDRESS	609 CEDAR CREEK GRADE #A
CITY-ST-ZIP	WINCHESTER VA
TITLE	DV
NAME	CESNIK, MELISSA M
STREET ADDRESS	609 CEDAR CREEK GRADE #A
CITY-ST-ZIP	WINCHESTER VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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: *Donna M Mulling* 3-15-95 813-263-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #