

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

**FILED**

**Mar 13 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J05915 (0)**  
 1. Corporation Name  
**ALBIN CORP.**



Principal Place of Business <b>2900 14TH ST. N. #5 NAPLES FL 33940</b>	Mailing Address <b>2900 14TH ST. N. #5 NAPLES FL 34103-4507</b>
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3. Date Incorporated or Qualified <b>03/24/1986</b>	3a. Date of Last Report <b>03/14/1996</b>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip <b>34103</b>	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip <b>34103</b>	Country 25 <b>Collier</b>	Country 30 <b>Collier</b>
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4. FEI Number <b>59-2682649</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MULLING, DONNA  
 2900 14TH ST. N. #5  
 NAPLES FL 33940  
 34103**

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 34103**

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	<input type="checkbox"/> DELETE
NAME	MULLING, DONNA	
STREET ADDRESS	6025 22ND AVE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MULLING, KENNETH C.	
STREET ADDRESS	6025 22ND AVE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MOLDEN, ED L.	
STREET ADDRESS	609 CEDAR CREEK GRADE #A	
CITY-ST-ZIP	WINCHESTER VA	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MOLDEN, CHRISTOPHER A.	
STREET ADDRESS	609 CEDAR CREEK GRADE #A	
CITY-ST-ZIP	WINCHESTER VA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CESNIK, MELISSA M	
STREET ADDRESS	609 CEDAR CREEK GRADE #A	
CITY-ST-ZIP	WINCHESTER VA	
TITLE		<input type="checkbox"/> DELETE
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 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: Donna M Mulling **REQUIRED** 3-4-97 941-263-0300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)