

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

FILED
Feb 10 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 # J05915 (0)

1. Corporation Name
ALBIN CORP.



Principal Place of Business 2900 14TH ST. N. #5 NAPLES FL 34103 US	Mailing Address 2900 14TH ST. N. #5 NAPLES FL 34103 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6025 22ND AVE SW		2a. Mailing Address 26 6025 22ND AVE SW		3. Date Incorporated or Qualified 03/24/1986	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2682649	
23 City & State Naples FL		28 City & State Naples FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34116		29 Zip 34116		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country Collier		30 Country Collier		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	

9. Name and Address of Current Registered Agent MULLING, DONNA 2900 14TH ST. N. #5 NAPLES FL 34103				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Numbers Not Acceptable) 6025 22ND AVE SW			
				83			
				84 City Naples FL 85 Zip Code 34116			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MULLING, DONNA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLING, DONNA	1.2 NAME	
STREET ADDRESS	6025 22ND AVE SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	DVP MULLING, KENNETH C.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLING, KENNETH C.	2.2 NAME	
STREET ADDRESS	6025 22ND AVE SW	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	DT MOLDEN, ED L.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLDEN, ED L.	3.2 NAME	
STREET ADDRESS	609 CEDAR CREEK GRADE #A	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINCHESTER VA	3.4 CITY-ST-ZIP	
TITLE	DVP MOLDEN, CHRISTOPHER A.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLDEN, CHRISTOPHER A.	4.2 NAME	
STREET ADDRESS	609 CEDAR CREEK GRADE #A	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINCHESTER VA	4.4 CITY-ST-ZIP	
TITLE	DV CESNIK, MELISSA M	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CESNIK, MELISSA M	5.2 NAME	
STREET ADDRESS	609 CEDAR CREEK GRADE #A	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINCHESTER VA	5.4 CITY-ST-ZIP	
TITLE		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 unchanged, or in an attachment with an address

SIGNATURE: *James M Muller* 2-4-98 941-353-2619

CR2E034 (10/97)