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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J05915

1. Corporation Name ALBIN CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6025 22ND AVE SW NAPLES FL 34116 US Mailing Address 6025 22ND AVE SW NAPLES FL 34116 US

3. Date Incorporated or Qualified 03/24/1986 4. FEI Number 59-2682649 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. [X] Yes [ ] No

2. Principal Place of Business 21 1044 CASTELLO DR 22 STE 106 23 NAPLES FL 24 34103 25 COLLIER 2a. Mailing Address 26 1044 CASTELLO DR 27 STE 106 28 NAPLES FL 29 34103 30 COLLIER

9. Name and Address of Current Registered Agent MULLING, DONNA 6025 22ND AVE SW NAPLES FL 34116

10. Name and Address of New Registered Agent 81 Name REX ASHLEY 82 Street Address 1044 CASTELLO DR 83 SUITE 106 84 City NAPLES 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 Rex Ashley (NOTE: Registered Agent Signature Required when Translating) DATE 3/2/99

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 3-13-99 DAYTIME PHONE #: 941-353-2619

CR2E034 (1/1/98)