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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

Principal Place of Business .

J81488

(5)

Mailing Address

ALBAPINE, INC.

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% JANE GENNARO 2269 LEE RD. WINTER PARK FL 32789				% JANE GENNARO 2269 LEE RD. WINTER PARK FL 32789				3. Date Incorporated or Qualified 07/07/1987	3a. Date of Last Report 03/08/1995		
2.	Principal Place of Busi	iness	2a.	Mailing Address				4. FEI Number		Applied For	
21	•		26					59-2843278		Not Applicable	
22	Suite, Apt. #, etc.   Suite, Apt. #, etc.     27				ô.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
L							Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
24					untry  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No						
T	9. Name and Address of Current Registered Agent					T	10. Name and Address of New Registered Agent				
						81	Name				
GENNARO, JANE 2269 LEE RD.						82	Street Address (P.O. Box Number is Not Acceptable)				
WINTER PARK FL 32789					83						
						84	City		FL	85 Zip Code	
11	i. Pursuant to the prov	is ons of Sections 607.0	2502 and 60	7.1508, Florida Statu	ites, the ab	ove	amed corpora	ation submits this statement for the pur	pose of ch	anging its registered office	

11. Flursuant 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	year vell type of or probed name of registered agent and tille inapplicative (NOTE	Registered Agent signature required	when reinstaling) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
101.6	D DELETE	1. 1 TITLE	☐ Change ☐ Addition
NAME	SENFT, KARL J.	1.2 NAME	
STREET ADDRESS	C/O FIDELITY TREUHAND AG BURGLISTRASSE 10	1.3 STREET ADDRESS	
CHY-SI-Z0F	CH-8002 ZURICH SW	1.4 CHTY - ST - ZIP	
TILLE	D DELETE	2 1 TiTLE	☐ Change ☐ Addition
NAME	ZIBUNG, JOSEF	2.2 NAME	
STREET ADDRESS	C/O FIDELITY TREUHAND AG BURGLISTRASSE 10	23 STREET ADDRESS	
City - S1 - 7IP	CH-8002 ZURICH SW	2.4 CHTY - ST - ZIP	
TI'LE	DELETÉ	3 1 TITLE	Change Addition
NAME		3 2 NAME	
STHELL ADDRESS		3.3 STREET ADDRESS	
City-St-ZiP		3.4 CITY - ST - ZIP	
TILLE	DETEIR	4.1 TITLE	Change Addition
NAME		4 2 NAME	
STREET ADDRESS		4.3 STHEET ADDRESS	
C(TY - ST - 7:P		4.4 CITY-ST-ZIP	
1./[[]	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ACCRESS		53 STREET ADDRESS	
DITY ST-ZIF		5 4 CITY - ST - 2IP	
TATLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADORESS		6 3 STREET ADDRESS	
COTY - \$1 ZIP		6 4 CiTY-ST-ZiP	
14 Log hereby	contity that the information supplied with this filing is voluntarily furnish	ned and does not qualify for	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

14. Edo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I further certify that the information indicates on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cart; that I am an officer or director interviously and proportion 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 granged, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)