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

Principal Place of Business

Suite, Apt. #, etc.

City & State

STE 211

US

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TITLE

NAME

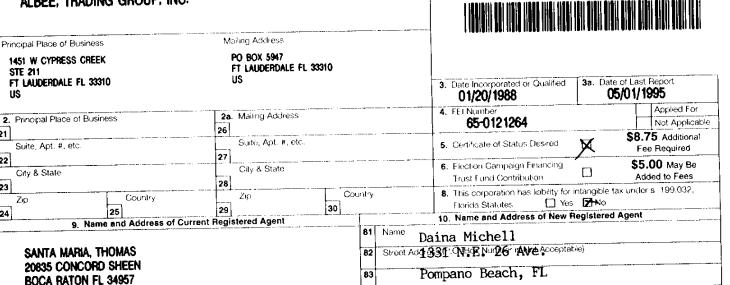
STREET ADDRESS

1451 W CYPRESS CREEK

K12318 **DOCUMENT #**

(7)

ALBEE, TRADING GROUP, INC.



		l I			
11. Pursional to the provisions of Sat tions 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _	$A \rightarrow A \rightarrow$	NOTE Projected Agents shat re to	parent was necessaring:		
· · · · · · · · · · · · · · · · · · ·	OF CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	STD DELETE	1 TITLE	D,P.	Change	Addition
TITLE	FRANCO, GERARDO	1.2 NAME	•		
NAME	8715 FIRST STREET, APT 227	13 STREET ADDRESS	Daina Michell		
STREET ADDRESS	8/13 FIRST STREET, AT 1 EEF	14 CHY-SI-ZIP	1331 N.E. 26 Ave		
CITY-ST-ZIP	SILVER SPRINGS MD	2 1 1111.6	Pompano Beach, FL 33062	Change	Addition
TITLE					
NAME	THOMAS, SANTA WARK	2 2 NAME			
STREET ADDRESS	/20635 CONCOAD GREEN	2.3 STREET ADORESS			
CITY-ST-ZIP	' BOCA/RATION FL/	2 4 CITY - ST - ZIP		Change	Add-tion.
TITLE	DELETE	3 1 THLE	D		%
NAME		3 2 NAME	Tracey O'Neill		
STREET ADDRESS		3.3 STREET ADDRESS	5030 Champion Blvd 6-115	1	
CITY-ST-7IP		3.4 CITY - ST - ZIP	Boca Raton, FL 33496	Change	Addition
TITLE	DELETE	4 1 Tiftf	,	Change	C Montion
NAME		4.2 NAME			
STREET ADDRESS	İ	4.3 STREET ADDRESS			
1 ****		4 4 C(TY - ST - ZIF)			
CITY-ST-ZIP	DELETE	5 I TIFLE		Change	Addition
TITLE		5.2 NAME			
NAME		53 STREET ADDRESS			
STREET ADDRESS		5.4 CITY - ST - ZIP			
CITY - ST - ZIP	DELFIE	6 1 TillE		☐ Change	☐ Addition
TITLE					

84 City

this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes, I further apport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under an or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name CITY - ST - ZIP 11. Job hereby certify that the information supplied with certify that the information indicated on this annual cath; that I am an officer of director of the corporation property in Block 12 or Block 13 if changed, or on the corporation of the corporation.

6.2 NAME

6 3 STREET ADDRESS.

6.4 CiTY - \$1 - ZIP

SIGNATURE:

5 6 96 954 772 1771

CR2E034 (12/95)

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