

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

FILED
Apr 21 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 # K13213 (9)

1. Corporation Name
NORMAN ALBERT ENTERPRISES, INC.



Principal Place of Business % NORMAN ALBERT 23111 ELDORADO BLVD., SW BONITA SPRINGS FL 34134 US	Mailing Address % NORMAN ALBERT 23111 ELDORADO BLVD., SW BONITA SPRINGS FL 34134 US
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business 20560 SW 92 LN Suite, Apt. #, etc.	26. Mailing Address 20560 SW 92 LN Suite, Apt. #, etc.
22. City & State DunneLLon FL	27. City & State DunneLLon FL
23. Zip 34431	28. Zip 34431
25. Country Marion	30. Country Marion

3. Date Incorporated or Qualified 01/22/1988	4. FEI Number 65-0033224	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ALBERT, NORMAN
23111 ELDORADO BLVD., SW
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81. Name Same	85. Zip Code FL 34431
82. Street Address (P.O. Box Number is Not Acceptable) 20560 SW 92 LN	
83. City DunneLLon	
84. City	

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 *Norman Albert* Pres *Norman Albert* April 15, 98
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DPV	<input type="checkbox"/> DELETE
NAME ALBERT, NORMAN	
STREET ADDRESS 23111 ELDORADO BLVD., SW	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE ST	<input type="checkbox"/> DELETE
NAME ALBERT, EMINETH	
STREET ADDRESS 23111 S.W. ELDORADO BLVD	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ALBERT, Norman	
1.3 STREET ADDRESS 20560 SW 92 LN.	
1.4 CITY-ST-ZIP DunneLLon FL 34431	
2.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME ALBERT, EMINETH	
2.3 STREET ADDRESS 20560 SW 92 LN.	
2.4 CITY-ST-ZIP DunneLLon, FL 34431	
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 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 *Norman Albert* Pres *Norman Albert* April 15, 98

CR2E034 (10/97)