

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 AM 11:54

DOCUMENT # **L55130** (3)  
1. Corporation Name  
**ALBAR CORPORATION**

Principal Place of Business Mailing Address  
**% ALFRED G. PARENTE**  
**727 KEY ROYALE DR**  
**HOLMES BCH FL 34217**  
**US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/02/1990** 3a. Date of Last Report **03/16/1994**  
4. FEI Number **59-3001959** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
27 **9915 MANATEE AVE W** 26 **9915 MANATEE AVE W**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **BRADENTON FL** 28 **BRADENTON FL**  
Zip Country Zip Country  
24 **34209** 25 **USA** 29 **34209** 30 **USA**

9. Name and Address of Current Registered Agent  
**PARENTE, ALFRED G.**  
**727 KEY ROYALE DR**  
**HOLMES BCH FL 34217**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 *Alfred G. Parente* DATE **1/31/95**  
Signature of officer or director of registered agent and filer if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>PARENTE, ALFRED G.</b>
STREET ADDRESS	<b>727 KEY ROYALE DR</b>
CITY-ST-ZIP	<b>HOLMES BCH FL</b>
TITLE	<b>VPD</b>
NAME	<b>PARENTE, BARBARA A.</b>
STREET ADDRESS	<b>727 KEY ROAYLE DR</b>
CITY-ST-ZIP	<b>HOLMES BCH FL</b>
TITLE	<b>STD</b>
NAME	<b>PATENTE, SCOTT B</b>
STREET ADDRESS	<b>727 KEY ROYALE DR</b>
CITY-ST-ZIP	<b>HOLMES BCH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 do 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 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 this filing.

SIGNATURE: *Alfred G. Parente* President **1/31/95** **727-P-PS04**  
DATE (Type in full)  
SIGNATURE AND TYING ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ALFRED G. PARENTE** **PRESIDENT**