

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L55130** (3)

1. Corporation Name
ALBAR CORPORATION



Principal Place of Business

9915 MANATEE AVE W
BRADENTON FL 34209
US

Mailing Address

9915 MANATEE AVE W
HOLMES BCH FL 34209
US

2. Principal Place of Business

21 **9915 Manatee Ave w**

State, Apt. #, etc.

22 City & State

23 **Bradenton FL**

24 **34209**

25 **USA**

2a. Mailing Address

26 **9915 Manatee Ave w**

State, Apt. #, etc.

27 City & State

28 **Bradenton FL**

29 **34209**

30 **USA**

9. Name and Address of Current Registered Agent

PARENTE, ALFRED G.
727 KEY ROYALE DR
HOLMES BCH FL 34217

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 607.1505, 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

2/17/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARENTE, ALFRED G.	
STREET ADDRESS	727 KEY ROYALE DR	
CITY-ST-ZIP	HOLMES BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PARENTE, BARBARA A.	
STREET ADDRESS	727 KEY ROYALE DR	
CITY-ST-ZIP	HOLMES BCH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PARENTE, SCOTT B	
STREET ADDRESS	727 KEY ROYALE DR	
CITY-ST-ZIP	HOLMES BCH FL	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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)(b) 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 or person 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:

Alfred G. Parente
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/96

CR2E034 (12/95)