

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 19 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M80252 (3)
1. Corporation Name
D.B. ALBERT ASSOCIATES, INC.

Principal Place of Business Mailing Address
**6375 EMERSON AVENUE S.
ST. PETERSBURG FL 33707
US** **6375 EMERSON AVENUE S.
ST. PETERSBURG FL 33707
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/10/1988** 3a. Date of Last Report **06/05/1994**
4. FEI Number **65-0042669** 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
21 **2717 SEVILLE BLVD** 26 **2717 SEVILLE BLVD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **1108** 27 **1108**
City & State City & State
23 **CLEARWATER, FL** 28 **CLEARWATER, FL**
Zip Country Zip Country
24 **34624** 25 **USA** 29 **34624** 30 **USA**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ALBERT, DENNIS
6375 EMERSON AVE S.
ST. PETERSBURG FL 33707
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83 **2717 SEVILLE BLVD #1108**
84 City **CLEARWATER** FL 85 Zip Code **34624**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, E. JANET	1.2 NAME	
STREET ADDRESS	6375 EMERSON AVE. S.	1.3 STREET ADDRESS	2717 SEVILLE BLVD # 1108
CITY - ST - ZIP	ST. PETERSBURG FL 33707	1.4 CITY - ST - ZIP	CLEARWATER, FL 34624
TITLE	DP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, DENNIS B.	2.2 NAME	
STREET ADDRESS	6375 EMERSON AVE. S.	2.3 STREET ADDRESS	2717 SEVILLE BLVD # 1108
CITY - ST - ZIP	ST. PETERSBURG FL 33707	2.4 CITY - ST - ZIP	CLEARWATER, FL 34624
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 included 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 my address.

SIGNATURE: *D. Albert* 7/11/95 813/528-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)