SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000008933	(1)
1. Corporation Name	. 0 .00000000	\''

ALBOHER ASSOCIATES, INC.

ALBON	EN ASSOCIATES, INC.				ANN BANK BRIDI KANA KARA MIRA MIK KARI
Principal Plac	e of Business	Mailing Address			
179 SOUTH I SUITE #1 NAPLES FL 3 US	$\mathcal{M}_{\mathcal{M}}$	179 SOUTH BAY DR SUITE 1 NAPLES FL 33963 US		3. Date Incorporated or Qualified	
2. Principal P	lace of Business A	2a. Mailing Address		01/26/1994	08/09/1995
21 957 Suite Apt	2 Oxford St.	26 9572 U	Oxford St	4. FEI Number 65-0458678	Applied For Not Applicable
22	#, CIO	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
	aples th	28 NAples	IL.	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24//	Country	710	Country	8. This corporation has liability for	intangible tax under s. 199.032.
24 34/	9. Name and Address of Current		30 US	Florida Statutes	Yes 🔀 No
		registered Agent	81 Name	10. Name and Address of New Ro	egisteréd Agent
	BOHER, ERIC				
	2 OXFORD STREET		82 Street	Address (P.O. Box Number is Not Acceptal	ble)
NA.	PLES FL 33942		63		
			84 6.		
	·		84 City		FL 85 Zip Code
 Pursuant to office or re 	to the provisions of Sections 607 0502	and 607,1508, Florida Statutes	the above named	corporation submits this statement for the p oration's board of directors. Thereby accep	
agent La	m familiar with, and acclipt the obligati	ions of, Section 607 0505, Floric	da Statutes	oration's board of directors. I hereby accept	t the appointment as registered
SIGNATURE	Signature typed of an officer and a pert				6/11/96
12.	OFFICERS AND	and the Tapplicable (NOTE) DIRECTORS	Registored Agent signature 13.	required when reinationg) ADDITIONS/CHANGES TO OFFI	DAILS
TITLE	P	DELETE	1 1 TIBLE		
NAME	ALBOHER, ERIC P		1.2 NAME	Presidenta treuso	IVD C CHange Auguiton
STREET ADDRESS	179 SOUTH BAY DR #1		1 3 STREET ADDRESS	1 103140 PM A IT CASE	"""
CITY - ST - ZIP	NAPLES FL		1.4 CITY - ST - ZIP	<u>.</u>	
THEE	VP	DELETE	2 I TITLE	Vice Presidenta	Change Addition
NAME	ALBOHER, MICHELLE		2 2 NAME	vice riesident 7	7
STREET ADDRESS	179 S BAY DRIVE #1		2 3 STREET ADDRESS	Ser.	
CITY-ST-ZIP TITLE	NAPLES FL	DELETE	2 1011 31 211	3-00	
NAME		veres	31 TITLE		Change Addition
STREET ADDRESS			3.2 NAME		
CITY - ST - ZIP			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE		DELETE	41 Tiflé :	20000100	Add-tion
NAME		_	4 2 NAME .	20000186 -07/09/96011	71 30 20 19 LJ Addition N4N26
STREET ADDRESS			4 3 STREET ADDRESS	***8.75	01 000
CITY - ST - ZIP			4.4 CITY - ST- ZiP		;
THILE	——	DELETE	5 1 TITLE	50000189	Addition Addition
NAME			5.2 NAME	50000186 -07/09/960110	04027
STREET ADORESS			5.3 STREET ADDRESS	***225,00	
CITY - ST - ZIP		DOLLTO	5.4 C(TY - ST - Z(P		75
NAME		DELETE	61 TiTLE		Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		111/
CITY - ST - ZIP			6 4 CITY - ST - ZIP		J
14. Ldo hereb	y certify that the information supplied v	with this filing is voluntarily furnis	shed and done and	qualify for the exemption stated in Section 1	19.07(3)(k). Florida Statutos I
made unde	tify that the information indicated on the er oath, that I am an officer or director me appears in Block 12 or Block 13 if c	of the cornoration or the receive	ar annua, report is tr	quality for the exemption stated in Section 1 ue and accurate and that my signature shatered to execute this report as required by 6	thave the same legal effect as if chapter 617. Florida Statutes, and

SIGNATURE:

Michelle Allecher SECTION OFFICER OR DIRECTOR

6/11/96 941-566-9300