

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000012924 (3)

1. Corporation Name

ALB'S HOLDING, INC.



Principal Place of Business

1776 NORTH PINE ISLAND ROAD  
SUITE 208  
PLANTATION FL 33322

Mailing Address

1776 NORTH PINE ISLAND ROAD  
SUITE 208  
PLANTATION FL 33322

3. Date Incorporated or Qualified  
02/15/1995

3a. Date of Last Report

4. FEI Number

65-0555411

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

21 4425 W HILLSBORO BLVD

Suite, Apt. #, etc.

22

City & State

23 COCONUT CREEK, FL

24

Zip

33073

Country

25 BROWARD

2a. Mailing Address

26 4425 W HILLSBORO BLVD

Suite, Apt. #, etc.

27

City & State

28 COCONUT CREEK, FL

29

Zip

33073

Country

30 BROWARD

9. Name and Address of Current Registered Agent

POLLACK, MARC R  
1776 NORTH PINE ISLAND ROAD  
SUITE 208  
PLANTATION FL 33322

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D SONES, ALAN  
STREET ADDRESS 840 N.W. 47TH STREET  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ DELETE

NAME D SONES, NYCOLE  
STREET ADDRESS 840 N.W. 47TH STREET  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME D PRESIDENT  
STREET ADDRESS SONES, ALAN  
CITY-ST-ZIP 2950 NW 68TH AVE  
Margate, FL 33063

2.1 TITLE ☒ Change ☐ Addition

NAME D VICE PRESIDENT  
STREET ADDRESS SONES, NYCOLE  
CITY-ST-ZIP 2950 NW 68TH AVE  
Margate, FL 33063

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-4A-9895

CR2E034 (12/95)