FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073936 (3)

FILED Apr 30 1998 8:00am Secretary of State

ALBERT HOLDINGS, INC.						
Pr	incipal Plac	ce of Business	Mailing Address		I (241/00) (48 06/0) Block Office Office (41/4)	1885 11918 1018B 1141B (1411 1881
1082 LEE STREET 1082 LEE STREET						
ENGLEWOOD FL 84224 ENGLEWOOD FL 34224					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified	7
L					09/25/1995	
	Principa! P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	Sulte, Apt.	# atc	Suite, Apt. #, etc.		65-0637029	Not Applicable
22	Suite, Apt.	π, σ(ο.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
ı	City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23			28		Trust Fund Contribution	Added to Fees
l	Zip	Country	Zıp	Country	8. This corporation owes or has paid the c	
24		25 9. Name and Address of Curr		30	Personal Property Tax due June 30.	Yes AND No
┢	140		ant neglatered Agent	81 Name	10. Name and Address of New Registere	a Agent
	MUNITILET, MIUTAEL T					···
	PORT CHARLOTTE FL 33948			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	, .			63		
ŀ				84 City		85 Zip Code
╚┸					F	
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 register 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.						
SH	3NATURE	Signature, typod or printed name of registered a	igent and title if applicable (NOTE:	Registered Agent signature requir	rad when reinstating) DATE	
12			ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITI		0	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NA		Webb, Warner C 1062 Lee Street		1.2 NAME		
	EET ADORESS Y-ST-ZIP	ENGLEWOOD FL 34224		1.3 STREET ADDRESS		
TITE		D DIGITION IT 24554	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NA	Æ İ	WEBB, DOROTHY	_	2.2 NAME		
STA	EET ADDRESS	1082 LEE STREET		2.3 STREET ADDRESS		
CIT	-ST-ZIP	ENGLEWOOD FL 34224		2. 4 CITY-ST-ZIP		
TITE			☐ DELET É	3.1 TITLE		Change Addition
NA				3.2 NAME		j
	EET ADDRESS (-St-21P			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITL			DELETE	4.1 TITLE		☐ Change ☐ Addition
NAA				4. 2 NAME		
STR	EET ADORESS			4.3 STREET ADDRESS		
	-ST-ZIP			4.4 CHTY-ST-ZIP	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
TITL			☐ DELETE	5.1 TITLE		Change Addition
NAA				5.2 NAME		
	EET ADDRESS -ST-ZIP			5.3 STREET ADDRESS		
TITL		the state of the s	☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAM	IE			6.2 NAME		
STR	EET ADDRESS			6.3 STREET ADDRESS		
	-ST-ZIP			6.4 CITY - ST - ZIP	Section 118 07/3Vil Elevida Statuton Liuther	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

CIGNATURE. W. 12 M. M. MARNER 1 1150R 4-03-98 QUELLOUDE