PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000012763**

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90200 050 ***158.75

albane 	se homes, inc. II				
Principal Plac	e of Business	Mailing Address		I I MANTE AND SAME AN	(4) 1(4)A (18) 1801A 8110A 1111 1831
10275 EL CLAIR RANCH BOYNTON BCH FL 33437 10275 EL CLAIR RANCH RD. BOYNTON BCH FL 33437				W2 224 25	
US		US		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	
2 Principal D	Place of Business	2a. Mailing Address		02/09/1996 4. FEI Number	Applied For
21 104 (a)	7 Comas Lake De	26 1046 Z CODO	er Lake D	_ 1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	he	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Bon	ton Beach FL	28 Bonton Be	Country	Trust Fund Contribution	Added to Fees
Zip O	Country	₩ 75 76 12 7 M	Country	This corporation owes the current year Personal Property Tax.	Yes No
24 33Y.	9. Name and Address of Current			10. Name and Address of New Registere	
	5. Rame and Address of Guitent	registered Agent	81 Name		
POPKIN, SHURPIN & MACCARI, P.A.			22 21 11	(D.O. D. M. haria Mat Assessable)	<u> </u>
	GLADES ROAD		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
SUF	TE 114		83	A Andrew Control of the Control of t	
BOC	CA RATON FL 33431		94 65		85 Zip Code
			84 City	. F	
11. Pursuant office or i agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligati	and 607.1508, Florida Statutes, the Floridal Such change was authorities of Section 607.0505, Florida S	ne above-named or rized by the corpor Statutes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered pointment as registered
SIGNATURE	7000800	WORK - V.D	<i>)</i> ,		
SIGNATURE	Signature, tiped branch name or registered agent	and title if applicable. (NOTE: Regist	stered Agent signature req	uired when reinstating) DATE	
SIGNATURE	Signature, North Jained name or registered agent OFFICERS AND	and title if applicable. (NOTE: Regist) DIRECTORS	stered Agent signature req		
SIGNATURE 12. TITLE	Signature, the barrier name of registered agent OFFICERS AND	and title if applicable. (NOTE: Regist DIRECTORS	stered Agent signature req	uired when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, the based of name of registered agent OFFICERS AND ALBANESE, LOURIE L	and title if applicable. (NOTE: Regist DIRECTORS	J. stered Agent signature req 13. 1.1 TITLE 1.2 NAME	uired when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature. New Journal of registered agent. OFFICERS AND VPS ALBANESE, LOURIE L 10275 EL CLAIR RANCH RD.	and title if applicable. (NOTE: Regist DIRECTORS	J. stered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, the American name of registered agent OFFICERS AND ALBANESE, LOURIE L 10275 EL CLAIR RANCH RD. BOYNTON BCH FL 33487	and title if applicable. (NOTE: Regist DIRECTORS	J. stered Agent signature req 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, the Chairman of registered agent OFFICERS AND ALBANESE, LOURIE L 10275 EL CLAIR RANCH RD. BOYNTON BCH FL 33487 P	and title if applicable. (NOTE: Regist DIRECTORS DELETE 1 1 DELETE 2	J. stered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Addition Addition
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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 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, by on an attachment with an address, with all other like empowered.

SIGNATURE: