

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

FILED
May 02 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000089085 (0)

1. Corporation Name
ALBETH, INC.



Principal Place of Business
7635 FALCON STREET
JACKSONVILLE FL 32244

Mailing Address
7635 FALCON STREET
JACKSONVILLE FL 32244-1405

3. Date Incorporated or Qualified 10/28/1996
3a. Date of Last Report 10/28/96

2. Principal Place of Business
21 7635 FALCON ST.
22 Suite, Apt. #, etc.

2a. Mailing Address
26 7635 FALCON ST
27 Suite, Apt. #, etc.

4. FEI Number 59-3419662
Applied For Not Applicable

22 City & State JACKSONVILLE, FL.

27 City & State JACKSONVILLE, FL.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 32244 Country USA

28 Zip 32244 Country USA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LUNDQUIST, ALEX J. W.
7635 FALCON STREET
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent
61 Name ALEX J.W. LINDQUIST
62 Street Address (P.O. Box Number is Not Acceptable) 7635 FALCON ST
63
64 City JACKSONVILLE FL 65 Zip Code 32244

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 607.0504, Florida Statutes.
SIGNATURE: Alex J.W. Lindquist
Signature typed or printed name of registered agent and title if applicable: ALEX J.W. LINDQUIST
(NOTE: Registered Agent signature required when reinstating)
DATE: 4-25-97

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	ALEX J.W. LINDQUIST
STREET ADDRESS	7635 FALCON ST
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	TREASURER <input type="checkbox"/> DELETE
NAME	ALEX J.W. LINDQUIST
STREET ADDRESS	7635 FALCON ST
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	V.P. <input type="checkbox"/> DELETE
NAME	ESSIE C. LINDQUIST
STREET ADDRESS	7635 FALCON ST.
CITY-ST-ZIP	JACKSONVILLE FL 32244
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	ESSIE C. LINDQUIST
STREET ADDRESS	7635 FALCON ST
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: Alex J.W. Lindquist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ALEX J.W. LINDQUIST
Date: 4/25/97
Daytime Phone: 9047783112

CR2E034 (9/96)