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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090653 (2)

ALBERT'S CORNER, INC.

Mailing Address Principal Place of Business

1801 CORAL RIDGE DRIVE

1801 CORAL RIDGE DRIVE

FILED Apr 29 1997 8:00am Secretary of State



FI. DAUDERDALE PL 33	300	FT. ENOUENDS	NEC TE GOOGGOOG						
						3. Date Incorporated or Qualified 11/05/1996	3a. Date	of Last Re	eport
2. Principal Place of 8	usiness	2a. Mailing A	ddress			4. FEI Number		Ар	plied For
21		26	26			65-0706493		No	t Applicable
Surie, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 A Fee Re	Additional equired
City & State		City & Sta	ite			6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added to	
Zip	Country	Zip	7 7	ountry	γ	8. This corporation has liability for	intangible tax		
24	25	29	30			- 1 · · · · · · · · · · · · · · · · · ·] Yes □ I		.00.002,
	me and Address of Cu					10. Name and Address of New Re	gistered Age	nt	
ANTONIDES	AI RERT			81	Name		.T.,		
				-	<u> </u>				· · · · · · · · · · · · · · · · · · ·
1801 CORAL RIDGE DRIVE FT. LAUDERDALE FL 33305				82	82 Street Address (P.O. Box Number is Not Acceptable)				
J. I. DAOODE	IDALL I'L 00000			83					
. •				84	1 '		PL I	35 Zip C	
11. Pursuant to the pro	ovisions of Sections 607.	0502 and 607.1508, Fi	torida Statutes, the	abov	e-named co	orporation submits this statement for the	purpose of ch	anging it	s registered
office or registered agent Jam familia	Lagent, or both, in the S r with, and accept the ol	tate of Florida. Such cl bligations of, Section 6	hange was authori 107.0505, Fiorida S	zed b tatute	y the corpo s.	orporation submits this statement for the ration's board of directors. I hereby acce	pt the appoin	ment as	registered
SIGNATURE Signature in	yped or printed name of registores	dagent and title if applicable	(NOTE Regist	ered Age	ent signature re	quired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTOR	S IN 32
TITLE P.S.	T. D	L	DELETE 1.	1 TITLE		25.T.CD		Change	Addition
NAME ALL	ent Antonides Constante Lewslandsky FC		1.3	2 NAME		Mineral Antonioles.			
STREET ADDRESS 180	(Corallette	Dic	1.3	3 STAEET	T ADDRESS	1801 Coral Ridge Dec			
CITY-ST-ZIP	Levelendale Fa	33 305	1.	4 CITY-S	ST-ZIP	Mised Antonioles 1801 Corol Ridge De. Forlanderbally 184 332	ias .		
TOLE				1 TITLE	-			Change	Addition
NAME			2.	2 NAME					
STREET ADDRESS			_		T ADDRESS				
City-St-ZiP				4 CITY-					
TILE				1 TITLE	31-211	······································		Change	Addition
NAME			•	2 NAME			_		
STREET ADDRESS					T ADDRESS				
				3 SINCE 4. CITY-:					
City-S1-7i ^o		· · · · · · · · · · · · · · · · · · ·		1. CITY- 1 TITLE	31-21			Change	Addition
· · ·		L-	-				L	Simility C	* AND (IOI)
NAME				2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				4 CITY - S	ST-ZIP				(1)
TITLE		L		1 TITLE			i_	Change	Addition Addition
NAME			5.	2 NAME					
STREET ADDRESS			5.	3 STREET	T ADDRESS				
CITY-ST-70P			5.	4 CITY - S	ST-ZIP				
TITLE			DELETE 6.	1 TITLE				Change	Addition
NAM{			6.	2 NAME					
STREET ADDRESS			6	3 STREFT	T ADDRESS				
CHTY - ST - ZIP				4 CITY-5					
	that the infernation rue	nhad with this filing do	on pot qualify for t	ho ou		tod in Section 110 07(2)(i) Florida Statut	an I freethan an	ratifica alternat	1h A

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 it 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.

Date