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

FILED Apr 03 1998 8:00am Secretary of State

	UMENT # P970 MAS J. ALBANO, INC.	00009649 (9)			
Principal Pi	face of Business	Mailing Address		3 FRAISABA LÍA ABUL ABUL ABUL BÓILL ABUL ABUL	1 68110 10110 01111 01018 1611 1961
26 SUGAR MILL LANE FLGLER BEACH FL 32136 26 SUGAR MILL LANE FLGLER BEACH FL 32136		36	DO NOT WRITE IN TI	HIS SPACE	
				3. Date incorporated or Qualified 01/27/1997	NO OTTIOL
2. Principa	al Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21				59~3428792	Not Applicable
Suite, Apt. #, etc. Suite, A		Suitc, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & S		City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
	gler Beach, FL	28 Flagler Bea		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Z(p 29	Country 30	R. This corporation owes or has paid the Personal Property Tax due June 30.	X Yes No
	g. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Register	red Agent
	ALBANO, THOMAS J JR		81 Name		
26 SUGAR MILL LANE FLGLER BEACH FL 32136			B2 Street A	82 Street Address (P.O. Box Number is Not Acceptable)	
•	FLOQUEN DEACH FL 32130		83		
			84 City		- 85 Zip Code
			Flag		-L -
agent. SIGNATUR	Signature, typed or pointed name of registere		ID Registered Agent signature re	orporation submits this statement for the purpos ration's board of directors. I hereby accept the quied when renstating) ADDITIONS/CHANGES TO OFFICERS	ie .
TITLE	President/Secreta	ary/TreasurerOELETE	1.1 TITLE		Change Addition
NAME	Thomas J. Albano Jr.		1.2 NAME		
STREET ADDRES	· -0 5050t ***** ***		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Flagler Beach, Fl	L 32136	2.1 TITLE		Change Addition
NAME		_ Steele	2.2 NAME		L_ Orlange L_ Fraction
STREET ADDRES	ss		2.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRES	22		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CHY-ST-ZIP 4.1 TITLE		Change Addition
NAME		otter	4. 2 NAME		CT Olloude CT Magniful
STREET ADDRES	ss		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRES	SS		5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	54 CHY-ST-ZIP		Change Addic-
TITLE		[] DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRES	25		6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP	»		6.3 STREET AUDRESS		
	ov certify that the information europin	d with this filing does not qualify f		in Section 119 07(3Vi). Florida Statutes, Lfurthe	or cortify that the information

indicated on this annual report or supplied with this filing does not quality 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 attendment with an appress.

904 439-5018