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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000029181

1. Corporation Name

ALBEITTON ANTIQUEMENTS INC

Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90054 020 ***150.00

ALONIII	ON ANIOSEMENTS, INC.									
Principal Plac	e of Business	Mailing Address				I SPUISBUL	10 19191 IBIII 90111 00111 0		101011110111	
1833 STETSON DRIVE		1833 STETSON DRIVE				}				
		CLEARWATER FL 33765	EARWATER FL 33765				DO MOT MOITE	A T T U O O O	•05	
						 	DO NOT WRITE	IN THIS SPA	ACE	
						3. Date Incorpor				
					_	04/01/199	<u> </u>		1	
Principal Place of Business		2a. Mailing Address				4. FEI Number	-11-110		<u> </u>	lied For
21		26			_	<u> </u>	506713			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5, Certifcate of S	Status Desired	່	88.75 A	
22		27				<u> </u>			Fee Rec	· —
City & Stat	te .	City & State	٠.	,	•	6. Election Cam		3.	\$5.00 N	
23		28				Trust Fund C			Added to	rees
Zip	Country	Zip	Countr	У		1	on owes the current			٦.,
24	25	29	30		_	Personal Proj				□No
	9. Name and Address of Curren	t Registered Agent		4		10. Name and A	ddress of New Reg	istered Age	ent	
AL DI	RITTON, CHERYL A		8	אןי	ame					
			82 Street			ess (P.O. Box Numb	er is Not Acceptable			
	3 STETSON DRIVE									
CLE	ARWATER FL 33765		83	3						
			84	4 6	ity	-			35 Zip Ci	ode /
			1					FL		}
office or i	registered agent or both, in the State	of Florida. Such change was a	uthorized b	ve-na y the	med corpo corporatio	oration submits this ton's board of director	s. I hereby accept the	ne appointme	ent as reg	istered
office or i agent. I a	Signature, typed or printed name of registered ager	t and tritle if applicable. (NOTE				d when reinstating)		75 -	-99 <u>_</u> _	
	Signature, typed or prigled name of registered ager	www.				d when reinstating)	s. I hereby accept the	DATE CERS AND D	OIRECTOR	RS IN 12
SIGNATURE	Signature, typed or prigled name of registered ager OFFICERS AN	t and tritle if applicable. (NOTE	: Registered Ag	jent sige		d when reinstating)		DATE CERS AND D	-99 <u>_</u> _	
SIGNATURE	Signature, typed or prighted name of registered agent OFFICERS AN PRESIDENT GARY K. ALBRIT.	nt and trie if applicable. (NOTE ID DIRECTORS DELETE	Registered Ag	ent sige		d when reinstating)		DATE CERS AND D	OIRECTOR	RS IN 12
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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 supplier ental 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 true tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changes, o ith all other like empowered.

SIGNATURE: