

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	7635 FALCON ST.	26	7635 FALCON ST	10/28/1996	10/28/96
22	Subs, Apt #, etc	27	Suite, Apt #, etc	4. FEI Number	Applied For
23	JACKSONVILLE, FL.	28	JACKSONVILLE, FL	59-3419662	Not Applicable
24	32244	29	32244	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	USA	30	USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		29		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LUNDQUIST, ALEX J. W. 7635 FALCON STREET JACKSONVILLE FL 32244				ALEX J.W. LINDQUIST			
				ALEX J.W. LINDQUIST			
				JACKSONVILLE FL 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* ALEX J.W. LINDQUIST 4-25-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEX J.W. LINDQUIST	1.2 NAME	
STREET ADDRESS	7635 FALCON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL. 32244	1.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEX J.W. LINDQUIST	2.2 NAME	
STREET ADDRESS	7635 FALCON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL. 32244	2.4 CITY-ST-ZIP	
TITLE	V.P. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSIE C. LINDQUIST	3.2 NAME	
STREET ADDRESS	7635 FALCON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL. 32244	3.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSIE C. LINDQUIST	4.2 NAME	
STREET ADDRESS	7635 FALCON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL. 32244	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* ALEX J.W. LINDQUIST 4/25/97 904778312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)