FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

Principal Place of Business

P9500062748 (5)

DOCUMENT # 1. Corporation Name	P95000062748	(5
AMBRO ENTERPRISE	S, INC.	

Mailing Address



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TAMARAC F	i University L 33321	DRIVE	8400 NORTH UNIVE TAMARAC FL 33321						
						3. Date Incorporated or Qualified 08/11/1995	3a. Date of Las	st Report	
2. Principal Pla	ace of Busine	SS	2a. Mailing Address			4. FEI Number		Applied For	
21			26			65-0600381	_	Not Applicable	
Suite, Apt. i		_	Suite, Apl. #, etc.			5. Certificate of Status Desired	58.	.75 Additional	
22 Jun		7	27 Suite	109		5. Certificate of Status Desired	□ Ψ0.	ee Required	
City & State)		Oity & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
Zip 24		Country 25	Zip 29	Coun 30	lry	B. This corporation has liability for Intengible tax under s 199.032, Florida Statutes			
	9. Name	and Address of Curi	ent Registered Agent			10. Name and Address of New Ro	egistered Agent		
				8	1 Name				
SCHREIBER, BRUCE 8400 NORTH UNIVERSITY DRIVE			8	82 Street Address (P.O. Box Number is Not Acceptable)					
TAMAR	AC FL 3332	1		8	3				
				1	4 City		FL 85	Zip Code	
11. Pursuant t or register familiar wit	to the provision and agent, or the and accept	ns of Sections 607.05 ooth, in the State of Fl t the obligations of, Se	i02 and 607.1508, Florida Stat orida. Such change was autho ection 607.0505, Florida Statut	utes, the above rized by the co les.	e-named cor rporation's b	poration submits this statement for the purpopard of directors. I hereby accept the appo	pose of changing i piritment as registe	its registered office red agent. I am	
SIGNATURE		r printed name of registered ag			oent signature rec	quired when reinstating)	E)A7£	v	
12.			AND DIFECTORS	13.		ADDITIONS/CHANGES TO OFFI		CTORS IN 12	
TIFLE	D		DELETE	1 1 TIT	E F	resident/Director	€ Man		
NAME	SCHRE	Ber, Bruce		1.2 NAN	ľ				
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CITY-ST-ZIP	TAMAR/	₽ El 2224		1.4 CITY	-SI-ZIP	•			
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certify that the information indicated on this 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 diceglor of the original 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 diceglor of the original annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed or or an attachment with an address.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

151 1221400 Daytime Phone