May 10, 1999 8:00 am Secretary of State

05-10-1999 90059 020 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000062748

1. Corporation Name

AMBRO ENTERPRISES, INC.

, , , , , , , , , , , , , , , , , , , ,								
Principal Place	e of Business	Mailing Address				I IBBUIRBU IIA IBIAI BUIII BUIII UBIII UBIII UBIII	J 81118 11871 LØØ11 Ø1	## 1611   EU
8400 NORTH UNIVERSITY DRIVE SUITE 109		8400 NORTH UNIVERSITY DRIVE SUITE 109				0.004.05		
TAMARAC FL 3	3321	TAMARAC FL 33321				DO NOT WRITE IN THIS SPACE		
US		U\$				3. Date Incorporated or Qualifed		
		D. Mailing Address				08/11/1995 4, FEI Number	Ann	lied For
<del>_</del>	lace of Business	2a. Mailing Address						Applicable
21	<u></u>	Suite, Apt. #, etc.				65-0600381	\$8.75 Ac	
Suite, Apt.:	#, etc.	— <del>                                    </del>	<b>⊢</b> '''			5. Certificate of Status Desired	Fee Req	
City & State		City & State				6. Election Campaign Financing	\$5.00 N	Any Re
— ·	<del>C</del>	—				Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year in		
24	25	29	30	•		Personal Property Tax.		□No
	9. Name and Address of Curre		1001	T		10. Name and Address of New Registered	Agent	
				81	Name			
SCH	reiber, Bruce			82		ess (P.O. Box Number is Not Acceptable)		
8400	NORTH UNIVERSITY DRIVE			82	Street Addre	ess (P.O. Box number is not Acceptable)		
TAM.	ARAC FL 33321			83				
							. 85 Zip C	<del></del> _
				84	City	F	85   Zip Co 	ode
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, F	authorizei Iorida Stat	d by t tutes.	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its r pintment as reg	egistered istered
OIGHAI GILE	Signature, typed or printed name of registered ag			_	t signature required		ND DIDEOTOI	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PD	☐ DELETE	1.1 T				Change	L. J. Addition
NAME	SCHREIBER, BRUCE		1.2 N					
STREET ADDRESS	8400 NORTH UNIVERSITY DR	RIVE	1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	TAMARAC FL		_	ITY-ST	r-zip			Addition
TITLE	SD	☐ DELETE		2.1 TITLE			('hanaa	
NAME	SCHREIBER, LOUIS		2.2 N		1		☐ Change	_ [
STREET ADDRESS	<b>* * * * * * * * * * * * * * * * * * * </b>		I -				∐ Change	
CITY-ST-ZIP		RIVE	I -		ADDRESS		∐ Change	
TITLE	TAMARAC FL		2.3 S 2.4 C	TREET				Addition
	TAMARAC FL	DELETE	2.3 S 2.4 C 3.1 T	TREET CITY-S			☐ Change	☐ Addition
NAME	TAMARAC FL		2.3 S 2.4 C 3.1 T 3.2 N	TREET CITY-S' TILE IAME	T-ZIP			Addition
NAME STREET ADDRESS	TAMARAC FL		2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	TREET CITY-S' TILE NAME STREET	T-ZIP  ADDRESS			☐ Addition
STREET ADDRESS CITY-ST-ZIP	TAMARAC FL	☐ DELETE	2.3 \$ 2.4 C 3.1 T 3.2 N 3.3 \$ 3.4 C	STREET CITY-S' TILE NAME STREET CITY-S'	T-ZIP  ADDRESS		☐ Change	
STREET ADDRESS CITY-ST-ZIP	TAMARAC FL		2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C	STREET CITY-S' TILE HAME STREET CITY-S' TILE	T-ZIP  ADDRESS			Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMARAC FL	☐ DELETE	2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P	OTTY-S' TITLE HAME STREET OTTY-S' TITLE NAME	T-ZIP  ADDRESS T-ZIP		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMARAC FL	☐ DELETE	2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 I 4.3 S	CITY-S' TITLE HAME STREET CITY-S' TITLE NAME	T-ZIP  ADDRESS T-ZIP  T ADDRESS		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMARAC FL	☐ DELETE	2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C	TREET CITY-S' TILE HAME TREET CITY-S' TILE NAME STREET	T-ZIP  ADDRESS T-ZIP  T ADDRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMARAC FL	☐ DELETE	23 S 2.4 C 3.1 T 3.2 N 33 S 34. C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T	TREET CITY-S' TILE LAME STREET CITY-S' TILE NAME STREET CITY-SI TILE TITLE	T-ZIP  ADDRESS T-ZIP  T ADDRESS		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMARAC FL	☐ DELETE	238 244 31T 32N 33S 34.0 4.1T 4.2P 4.3S 4.4C 51T 52N	TREET CITY-S' TILE IAME STREET CITY-S' TILE STREET STREET STREET TILE IAME	T-ZIP  ADDRESS T-ZIP  FADORESS T-ZIP		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMARAC FL	☐ DELETE	238 244 31T 32N 33S 34.C 41T 4.2P 43S 44C 51T 52N 53S	STREET	T-ZIP  ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMARAC FL	☐ DELETE	238 240 317 32N 33S 34.0 4.17 4.21 4.35 4.40 51T 52N 5.35 5.40	TREET TITLE WAME TREET TITLE WAME TREET TITLE WAME TREET WAME WAME WAME WAME WAME WAME WAME WAME	T-ZIP  ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS		☐ Change ☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	TAMARAC FL	☐ DELETE	238 240 317 32N 339 34.0 4.17 4.21 4.35 4.40 517 52N 53S 54C 6.17	TREET TITLE  AME TITLE  AME TITLE  NAME TITLE  NAME TITLE  AME TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	T-ZIP  ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.38 2.4( 3.1 T 3.2 N 3.4. C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	TREET CITY-S' TILE HAME TREET CITY-S' TITLE HAME STREET CITY-SI TITLE HAME STREET TITLE HAME STREET HAME HAME HAME HAME HAME HAME HAME HAME	T-ZIP  ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS		☐ Change ☐ Change	Addition

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 supplemental annual report for 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 of trusteelempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Brice Schreiber