

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

FILED
Mar 31 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 # **S63450** (8)
1. Corporation Name:
AMBER HOMES, INC.



Principal Place of Business
**533 BAYSIDE DR
FT. MYERS FL 33919
US**

Mailing Address
~~533 BAYSIDE DR~~
~~FT. MYERS FL 33919 2601~~
~~US~~
**PO BOX 08087
FORT MYERS FL 33908**

3. Date Incorporated or Qualified: **07/01/1991**
3a. Date of Last Report: **03/19/1996**
4. FEI Number: **65-0266145**
Applied For: Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business:
21. State, Apt. #, etc.
22. City & State
23. Zip Country
24. 25.
2a. Mailing Address:
26. **PO BOX 08087**
27. Suite, Apt. # etc.
28. **FORT MYERS FL**
29. **33908** 30. **US**

9. Name and Address of Current Registered Agent

**ZENTY, CAROL
533 BAYSIDE DR
FORT MYERS FL 33919**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZENTY, CAROL	14850 CRESCENT COVE DR
STREET ADDRESS	533 HARBORAGE DR	PO BOX 08087
CITY, ST, ZIP	FORT MYERS FL	33908
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRABOWSKI, PETER	14850 CRESCENT COVE DR
STREET ADDRESS	533 HARBORAGE DR	PO BOX 08087
CITY, ST, ZIP	FORT MYERS FL	33908
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOCH, GREGORY	
STREET ADDRESS	2025 SYCUESTER RD #D4	
CITY, ST, ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Carol Zenty* **CAROL ZENTY** 3-7-97 (941) 433-4841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Home #

CR2E034 (9/96)