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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

AMBCO & ASSOCIATES, INC.

FILED May 13 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address	Mailing Address				BEBUT BUDSE BIRNI BUDI	4 0(6 11 8 1611 1081
934 14TH STI	NEET WEST	834 14TH STREET WEST	834 14TH STREET WEST					
BRADENTON	FL 34205	BRADENTON FL 34205	BRADENTON FL 34205			DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified		
1						05/13/1991		
L ·	lace of Business	2a. Mailing Address				4. FEt Number	L	Applied For
21		26			 	59-3063810	<u>.</u> .[Not Applicable
Suite, Apt.	#, étc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional
22 27			ity 9 Ctoto		·.		e Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	28 Zip	Count			8. This corporation owes or has paid	 	-
24	25	⊢ '	30			Personal Property Tax due June 3		□ No
	9. Name and Address of Curre					10. Name and Address of New Reg		
FO	RESTER, PAUL			81	Name			
934 14TH STREET WEST				82 Street Address (P.O. Box Number is Not Acceptable)				
BRADENTON FL 34205								
				83				
				84	City		85	Zip Code
							FL °	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	xu2 and 607.1508, Florida Statute te of Florida. Such change was a	es, the at Juthorized	oove-i	named corpo he corporatio	ration submits this statement for the pu on's board of directors. I hereby accept	irpose of chang- the appointmer	ng its registered
agent.ia	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Stat	utes.			4-29-9	0
SIGNATURE	Signature, typed or britted name of registered a	- Paul S. Forreiter	Panistarar	1 Anent	signature required	t when reinetations	9-27-7	<u>•</u>
12.		NO DIRECTORS	13.	- Highern	aignature rodorec	ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 12
TITLE	PSTD	DELETE 1.11		TLE .	1		Cha	inge Addition
NAME	FORRESTER, PAUL		1.2 NA	ME				
STREET ADDRESS	934 14TH ST WEST		1.3 ST	. 1.3 STREET ADDRESS				13
CITY-ST-ZIP			TY-ST-	ŽIP				
TITLE	_\$ DELETE 2.1 TI		LE			☐ Cha	inge ∐ Addition C	
NAME				2.2 NAME				
STREET ADORESS	DOLOGICOU EL		1		DORESS			
CITY-ST-ZIP TITLE			2.4 C	TY-ST	- ZIP		. Cha	inge Addition
NAME			3.1 III				<u> </u> Oria	info [1] vocinon
STREET ADDRESS					DORESS			
CITY-ST-ZWP				NECTAL ITY-ST:				
TITLE		DELETE	4.1 TII			*************************************	☐ Cha	лде
NAME			4.2 N	AME				
STREET ADDRESS			4.3 ST	REET AC	DORESS			
CITY-ST-ZIP			4.4 CI	ry-st-	ZIP			
TITLE		DELETE	5.1 TITLE				☐ Cha	inge Addition
NAME			5.2 NA					
STREET ADDRESS					Doress			
CITY-ST-ZIP		Driete		Y-\$1-	ZIP		T 70	nno I delli co
TITLE		☐ DELETE	6.1 10				☐ Cha	inge Addition
NAME OTREET ADDRESS			6.2 NA		nnaree			ļ
STREET ADDRESS			1		DDRESS			1
14. I hereby o	sertify that the information supplied	with this filing does not qualify fo		ry-ST-		ection 119.07(3)(i). Florida Statutes. I fu	urther certify the	t the information

indicated on this annual report or supplieriental 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 my address.