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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

1. Corporatio	AMBLE, INC.	3 (4)					
Principal Plac	e of Business	Mailing Address					
400 NORTH PRIMROSE DRIVE ORLANDO FL 32803 US		400 NORTH PRIMROSE DRIVE ORLANDO FL 32803					
		US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 06/27/1980		
2. Principal Place of Business 2a. Mailing A		2a. Mailing Address	Address		4. FEI Number	Aŗ	pplied For
21 26		26			59-2031426	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip Country		Zip	Country 30		8. This corporation owes or has paid the	current year Int	
24]	25 9. Name and Address of Currer	29 29 Agent	1301		Personal Property Tax due June 30.  10. Name and Address of New Registere		
REC	RZIN. ROBERT		81	Name			
400	NORTH PRIMROSE DRIVE		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
ORI	LANDO FL 32803		83	<del> </del>		<del></del>	
			84 City			- 85 Zip (	Code
44 Pursuant to the provisions of Post one 607 0500 and 607 1500 Elevide Claudee the					For a Company to the eleterant for the purpose		to inclature il
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida Such change was ations of, Section 607.0505, Fl	authorized b orida Statute	y the corpora is	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE	Signature, typod or printed name of registered age	AlO	II. Demintrarel An	and rigusture requi	red when reinstating) DATE		
12.	OFFICERS AN		13.	jeni signatore regul	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TATLE	PD DELETE		1.1 TITLE		TO DETECTION OF THE PROPERTY O	☐ Change	Addition
NAME	BERZIN, ROBERT		1.2 NAME				
STREET ADDRESS	400 N PRIMROSE DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CHY-ST-7IP				
TITLE	D DELETE		2.1 TITLE			Change	☐ Addition
NAME	KAVANEWSKY, JOHN F		22 NAME				
STREET ADDRESS			2.3 STHEFF ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL		2 4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		T-1 4 1 80
TITLE	D DOMAID I	☐ DETETE	31 THLE			Change	Addition
NAME	BERG, DONALD L		3.2 NAME				
STREET ADDRESS	200 OCEAN LANE DRIVE KEY BISCAYNE FL		3 3 STREET ADDRESS				
CITY-ST-ZIP TITLE	NET DISCATING FC	DELETE	3.4. CHY- 4.1 THEF	\$1-7(P)		Change	Addition
NAME			4. 2 NAME			Onlinge	
STREET ADDRESS	185		4.2 NAME 4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CHY-SI-ZIP				
THILF	DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAME			_	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			5.4 CITY -				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	1 ADDRESS			

14. Thereby 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 logal effect as if made under eath; 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 or han address.

**FILED** 

Jan 20 1998 8:00am

Secretary of State