

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

FILED
Sep 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G40015

(1)

1. Corporation Name

AMBER ASSOCIATES, INC.

Principal Place of Business

1746 NW ARCADIA WAY
BOCA RATON FL 33482

Mailing Address

1746 NW ARCADIA WAY
BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1983

4. FEI Number

59-2303699

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

3601 N. Dixie Hwy.

Suite, Apt. #, etc.
16

City & State

Boca Raton FL

Zip

33431

Country

USA

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33432

Country

USA

9. Name and Address of Current Registered Agent

DAMBRA, MICHAEL

417 Oregon Lane
Boca Raton FL 33487

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

Signature, typed or printed name, of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DAMBRA, MICHAEL
STREET ADDRESS 417 Oregon Lane
CITY-STATE-ZIP Boca Raton, FL 33487

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 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

000002642550
-09/17/98--01080--023
***150.00

9-8-98 (501) 391-2463

CR2E034 (10/97)



2

"24 Hour Emergency Flood Service"

Specializing in Cleaning of: ★ Carpet ★ Upholstery ★ Tiles ★ Drapes

Dear Sir.

This form was sent to my old address
The New tenant just gave it to me.
Sorry for being late

Michael Dombra

If there is any problem please call me