


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

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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90040 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>G40015 OK ✓</u>			
1. Corporation Name <u>Ambur Associates Inc.</u>			
Principal Place of Business <u>Boca Raton, FL</u> <u>3601 N. Dixie Hwy, #14</u> <u>Boca Raton, FL 33432</u>		Mailing Address <u>417 Oregon Lane</u> <u>Boca Raton, FL</u> <u>33487</u>	
2. Principal Place of Business 21 <u>Boca Raton FL</u> Suite, Apt. #, etc. <u>#14</u> City & State <u>Boca Raton FL</u> Zip <u>33432</u> Country <u></u>		2a. Mailing Address 26 <u>417 Oregon Lane</u> Suite, Apt. #, etc. <u></u> City & State <u>Boca Raton FL</u> Zip <u>33487</u> Country <u></u>	
9. Name and Address of Current Registered Agent <u>Michael Dambra</u> <u>3601 N. Dixie Hwy #14</u> <u>Boca Raton FL 33432</u>		10. Name and Address of New Registered Agent 81 Name <u>N/A</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u></u> 83 <u></u> 84 City <u>FL</u> 85 Zip Code <u></u>	
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 <u>[Signature]</u> <u>Sec. GEORGIANA DAMBRA</u> <u>4/30/99</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE <u>President</u> <input type="checkbox"/> DELETE NAME <u>Michael Dambra</u> STREET ADDRESS <u>417 Oregon Lane</u> CITY-ST-ZIP <u>Boca Raton FL 33487</u> TITLE <u></u> <input type="checkbox"/> DELETE NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u> TITLE <u></u> <input type="checkbox"/> DELETE NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u> TITLE <u></u> <input type="checkbox"/> DELETE NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u> TITLE <u></u> <input type="checkbox"/> DELETE NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u> TITLE <u></u> <input type="checkbox"/> DELETE NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <u>Secretary</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <u>GEORGIANA DAMBRA</u> 1.3 STREET ADDRESS <u>417 OREGON LANE</u> 1.4 CITY-ST-ZIP <u>Boca Raton FL 33487</u> 2.1 TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <u></u> 2.3 STREET ADDRESS <u></u> 2.4 CITY-ST-ZIP <u></u> 3.1 TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <u></u> 3.3 STREET ADDRESS <u></u> 3.4 CITY-ST-ZIP <u></u> 4.1 TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <u></u> 4.3 STREET ADDRESS <u></u> 4.4 CITY-ST-ZIP <u></u> 5.1 TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <u></u> 5.3 STREET ADDRESS <u></u> 5.4 CITY-ST-ZIP <u></u> 6.1 TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <u></u> 6.3 STREET ADDRESS <u></u> 6.4 CITY-ST-ZIP <u></u>	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-471-5708