

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

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G94946 (2)

1. Corporation Name
AMBER GLADES, INC.



Principal Place of Business 3113 STATE ROAD 580. LOT 59 SAFETY HARBOR FL 34895	Mailing Address 3113 STATE ROAD 580. LOT 59 SAFETY HARBOR FL 34895-5905
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3. Date Incorporated or Qualified 04/06/1984	3a. Date of Last Report 04/09/1996
4. FEI Number 59-2497828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**DAMONTE, JONATHAN J.
 7800 113TH ST.
 FORTUNE FEDERAL BLDG., SUITE 206
 SEMINOLE FL 33542**

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	PD <input type="checkbox"/> DELETE
NAME	HIGGINS, HAROLD
STREET ADDRESS	3113 ST. RD. 580 #413
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	PARKS, EDGAR
STREET ADDRESS	3113 ST RD 580 #367
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HARRY LAWRENCE
STREET ADDRESS	3113 S R 580 #169
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	EDDY, ROSE
STREET ADDRESS	3113 ST RD 580 #196
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DIOTALEVI, JOE
STREET ADDRESS	3113 ST RD 580 #158
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JACK OGDEN
STREET ADDRESS	3113 S R 580 #358
CITY-ST-ZIP	SAFETY HARBOR FL

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 checked="" type="checkbox"/> Addition
3.2 NAME	Thomas, Anna
3.3 STREET ADDRESS	3113 S R 580 #59
3.4 CITY-ST-ZIP	Safety Harbor, Fl.
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Noeller, Ken
4.3 STREET ADDRESS	3113 ST RD 580 #229
4.4 CITY-ST-ZIP	Safety Harbor, Fl.
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ransom, William
6.3 STREET ADDRESS	3113 S R 580 #128
6.4 CITY-ST-ZIP	Safety Harbor, Fl.

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: _____ **Signature Required** *Anna Thomas* 3/5/97 813-725-1952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)