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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G94946

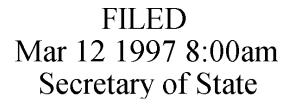
(2)

AMBER GLADES, INC.

Principal Plac	e of	Business	

Mailing Address

3113 STATE ROAD 580. LOT 59 SAFETY HARBOR FL 34895 3113 STATE ROAD 580. LOT 59 SAFETY HARBOR FL 34895-5905





					 Date Incorporated or Qualified 04/06/1984 	3a. Date of Last Report 04/09/1996			
2. Principa P	iace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				59-2497828		Not Applicable	
Suite Apr. #. etc Suite, Apr. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	7	City & State			*****	6. Election Campaign Financing	\$5.	00 May Be	
23		28				Trust Fund Contribution		ed to Fees	
Ζφ	Country	Zip	h1	untry		8. This corporation has liability for in		er s. 199.032,	
24	25	29	30	, .			Yes ∐ No		
	9. Name and Address of Curren	it Hegistered Agent		81	Name	10. Name and Address of New Reg	Jistered Agent		
	IONTE, JONATHAN J.			01	Name				
) 113TH ST.	MAA		82	Street Ad	Idress (P.O. Box Number is Not Acceptable	e)		
	TUNE FEDERAL BLDG., SUITE 2	206		83					
∂ EM	IINOLE FL 33542			53					
				84	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	tutes, the a	above	-named co	prporation submits this statement for the pr	roose of changin	ng its registered	
office or re agent. La	egistered agent, or both, in the State m familiar with land accept the obligi	of Florida. Such change wa ations of: Section 607.0505,	s authorize Florida Sta	ed by atutes	the corpor	ration's board of directors. I hereby accep	t the appointment	as registered	
SIGNATURE	5-gradule, typed or printed name of registered age	at and ten if applicable (N	OTF: Registers	ed Aner	t signature rec	guired when reinstating)	DATE		
12.	OFFICERS AN		13.	_	n algratu e rec	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
lillE	PD	DELETE	1.1 T	TITLE			Chan		
NAME	HIGGINS, HAROLD		1.2 N	NAME					
STREET ADORESS	3113 ST. RD. 580 #413		1.3 5	STREET	address				
CITY ST 20P	SAFETY HARBOR FL		1.4 0	CITY - ST	· ZIP				
THE	VD	DELETE	2.1 T				☐ Chan	ge Addition	
NAME	Parks, Edgar		2.2 N	NAME					
STHEET ADORESS	3113 ST RD 580 #367		2.3 S	STREET	ADDRESS				
CITY-ST ZIP	SAFETY HARBOR FL		2. 4	CITY - S	T-ZIP				
THLE	TD	☐ DELETE	3.1 آ	TILE		TD	Chan	ge 🛣 Addition	
NAME	HARRY LAWRENCE		3.2 N	IAME]	Thomas, Anna			
STREET ADDRESS	3113 S R 580 #169		3.3 9	STREET	ADDRESS	3113 S R 580 #59			
G(IY+S™ 7IP	SAFETY HARBOR FL	<u>v</u>	3.4.	CITY-S	T-ZIP	Safety Harbor, F1.			
117LE	SD	DELETE	4.1 T	TILE			♣ Chan	ge 🔝 Addition	
NAME	EDDY, ROSE		4.21	NAME	1	Noeller, Ken			
STREET ADDRESS	3113 ST RD 580 #196		4.3 S	STREET	ADDRESS .	3113 ST RD 580 #229	€		
CHY-ST-7IP	SAFETY HARBOR FL	····		CITY-ST	-ZIP	Safety Harbor, Fl.			
TI ⁷ LE	0	☐ DELETE	5.1 T				Chan	ge Addition	
NAME	DIOTALEVI, JOE			IAME					
STREET ADDRESS	3113 ST RD 580 #158		5.3 S	STREET A	ADORESS				
011 - S1 - 7P	SAFETY HARBOR FL			ITY-ST	- ZIP				
TITLE	D	DELETE	6.11	ITLE		D	X Chan	ge Addition	
NAME	JACK OGDEN		6.2 N	IAME		Ransom, William			
STREET ADDRESS	3113 S R 580 #358		6.3 S	TREET A	ADDRESS	3113 S R 580 #128			
CHTY-ST ZIP	SAFETY HARBOR FL		6.4 0	IZ-YIK	-ZIP	Safety Harbor, Fl.			

4. 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 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

mas 3/5/97

8/3-775-/952 Daytime Phone *