

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # H05601 (0)**

1. Corporation Name  
**AMBERG INSURANCE CENTER, INC.**



Principal Place of Business Mailing Address  
**C/O DAVID A. AMBERG  
1900 SOUTH TAMiami TRAIL, UNIT C  
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified **05/30/1984** 3a. Date of Last Report **04/28/1995**  
4. FEI Number **59-2415462** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 **1900 S. Tamiami Trail C** 26 **Soal**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 **Punta Gorda, FL** 27 City & State  
24 **33950** 25 **Charlotte** 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMBERG, DAVID A.  
1900 SOUTH TAMiami TRAIL  
UNIT C  
PUNTA GORDA FL 33950**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **Soal**  
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 607.0509, Florida Statutes.

SIGNATURE *David A. Amberg* President DATE **4-2-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMBERG, DAVID A.</b>	2. NAME	
STREET ADDRESS	<b>1900 S.TAMiami TR.,STE.C</b>	3. STREET ADDRESS	
CITY- ST- ZIP	<b>PUNTA GORDA FL</b>	4. CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMBERG, DAVID A.</b>	6. NAME	
STREET ADDRESS	<b>1900 S.TAMiami TR.,STE.C</b>	7. STREET ADDRESS	
CITY- ST- ZIP	<b>PUNTA GORDA FL</b>	8. CITY- ST- ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMBERG, PATRICIA A.</b>	10. NAME	
STREET ADDRESS	<b>1900 S.TAMiami TR.,STE.C</b>	11. STREET ADDRESS	
CITY- ST- ZIP	<b>PUNTA GORDA FL</b>	12. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY- ST- ZIP		16. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY- ST- ZIP		20. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 employed 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: *David A. Amberg* President DATE **4/2/96** 741-6399050

CR2E034 (12/95)