

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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H05601 (0)

1. Corporation Name
AMBERG INSURANCE CENTER, INC.



Principal Place of Business: 1900 S. TAMiami TRAIL UNIT C PUNTA GORDA FL 33950 US

Mailing Address: 1900 SOUTH TAMiami TRAIL UNIT C PUNTA GORDA FL 33950-5918 US

3. Date Incorporated or Qualified: 05/30/1984

3a. Date of Last Report: 04/08/1996

4. FEI Number: 59-2415462

4. 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 State: Same, 22 City & State: Same, 23 Zip: Same, 24 Country: Same

2a. Mailing Address: 26 State: Same, 27 City & State: Same, 28 Zip: Same, 29 Country: Same

9. Name and Address of Current Registered Agent: AMBERG, DAVID A. 1900 SOUTH TAMiami TRAIL UNIT C PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent: 81 Name: David A. Amberg, 82 Street Address: 1900-C Tamiami Trail, 83 City: Punta Gorda, FL, 84 Zip Code: 33950

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: *David A. Amberg* DATE: 3/14/97

12. OFFICERS AND DIRECTORS

TITLE: PST	NAME: AMBERG, DAVID A.	STREET ADDRESS: 1900 S.TAMiami TR.,STE.C	CITY-ST-ZIP: PUNTA GORDA FL	<input type="checkbox"/> DELETE
TITLE: D	NAME: AMBERG, DAVID A. - J.R.	STREET ADDRESS: 1900 S.TAMiami TR.,STE.C	CITY-ST-ZIP: PUNTA GORDA FL	<input type="checkbox"/> DELETE
TITLE: V	NAME: AMBERG, PATRICIA A.	STREET ADDRESS: 1900 S.TAMiami TR.,STE.C	CITY-ST-ZIP: PUNTA GORDA FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Director	1.2 NAME: David A. Amberg	1.3 STREET ADDRESS: J.R.	1.4 CITY-ST-ZIP: J.R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
---------------------	---------------------------	--------------------------	-----------------------	--

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: *David A. Amberg* DATE: 3/14/97

CR2E034 (9/96)