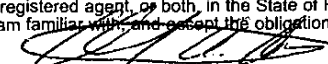


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0445906

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90027 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H05601					
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 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1984	
21		26		4. FEI Number 59-2415462	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For ☐ Not Applicable	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
23		28		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
Zip		Zip		Country	
24		25		29	
Country		Country		30	
9. Name and Address of Current Registered Agent AMBERG, DAVID A. 1900-C TAMiami TRAIL PUNTA GORDA FL 33950			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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  DATE 4/14/99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE			1.1 TITLE ☐ Change ☐ Addition		
NAME AMBERG, DAVID A.			1.2 NAME		
STREET ADDRESS 1900 S.TAMiami TR.,STE.C			1.3 STREET ADDRESS		
CITY-ST-ZIP PUNTA GORDA FL			1.4 CITY-ST-ZIP		
TITLE ☐ DELETE			2.1 TITLE ☐ Change ☐ Addition		
NAME AMBERG, DAVID A. JR			2.2 NAME		
STREET ADDRESS 1900 S.TAMiami TR.,STE.C			2.3 STREET ADDRESS		
CITY-ST-ZIP PUNTA GORDA FL			2.4 CITY-ST-ZIP		
TITLE ☐ DELETE			3.1 TITLE ☐ Change ☐ Addition		
NAME AMBERG, PATRICIA A.			3.2 NAME		
STREET ADDRESS 1900 S.TAMiami TR.,STE.C			3.3 STREET ADDRESS		
CITY-ST-ZIP PUNTA GORDA FL			3.4 CITY-ST-ZIP		
TITLE ☐ DELETE			4.1 TITLE ☐ Change ☐ Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE ☐ DELETE			5.1 TITLE ☐ Change ☐ Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE ☐ DELETE			6.1 TITLE ☐ Change ☐ Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 #

CR2E034 (11/98)