

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H76057** ✓  
1. Corporation Name

**J. D'AMBROSIO ENTERPRISES, INC.**

Principal Place of Business  
**3960 NORTHWEST 18TH STREET  
OKEECHOBEE FL 34972**

Mailing Address  
**P. O. BOX 185  
OKEECHOBEE FL 34973-0185  
US**

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90012 008 \*\*\*150.00

588130 - 90012 - 8



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/16/1985**

4. FEI Number

**59-2810894**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOK, JOHN R.  
202 NORTHWEST FIFTH AVENUE  
OKEECHOBEE FL 33472**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PS** ☐ DELETE  
NAME **D'AMBROSIO, JAMES**  
STREET ADDRESS **3960 NW 18TH ST**  
CITY-ST-ZIP **OKEECHOBEE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPT** ☐ DELETE  
NAME **D'AMBROSIO, JOAN**  
STREET ADDRESS **3960 NW 18TH ST**  
CITY-ST-ZIP **OKEECHOBEE FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE: **JAMES D'AMBROSIO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-8-99**

**407-695-0921**

Date

Daytime Phone #

0109581

CR2E034 (5/99)

588130-9002-8  
H76057

**J. D'AMBROSIO ENTERPRISES, INC.**

P.O. Box 185  
Okeechobee, FL 34973-0185

July 8, 1999

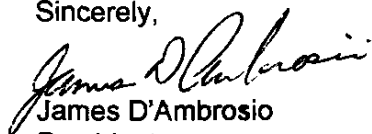
Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

I recently received a notice advising us that you had not received our Corporation Annual Report (J. D'Ambrosio Enterprises, Inc.) or payment. After reading the notice I checked our records and found that the original check mailed on 5/1/99 had not cleared our bank.

I phoned your office (7/7/99) and explained that the report and payment had been submitted on 5/1/99. I was advised to resubmit the report along with another check for \$150 and a copy of the original check stub (Check #6266). Please find all enclosed. The new check number is 6346 which will replace check number 6266.

Please let me know if you need any further information.

Sincerely,



James D'Ambrosio  
President  
J. D'Ambrosio Enterprises, Inc.

FEI #59-2810894