

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).

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

07-14-1999 90012 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1985
4. FEI Number 59-2810894
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> 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 25	29 30

9. Name and Address of Current Registered Agent COOK, JOHN R. 202 NORTHWEST FIFTH AVENUE OKEECHOBEE FL 33472	10. Name and Address of New Registered Agent
	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PS	<input type="checkbox"/>
NAME	D'AMBROSIO, JAMES	
STREET ADDRESS	3960 NW 18TH ST	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	VPT	<input type="checkbox"/>
NAME	D'AMBROSIO, JOAN	
STREET ADDRESS	3960 NW 18TH ST	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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* **JAMES D'AMBROSIO** 7-8-99 407-695-0921
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

588130-9002-8
H76057

J. D'AMBROSIO ENTERPRISES, INC.

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

July 8, 1999

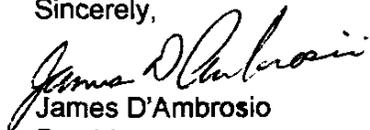
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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