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Mar 19 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 # L51008

(5)

1. Corporation Name

AMBER REINFORCING, INC.

Principal Place of Business

% RANDALL J. SILVERBERG ESO
3013 BLUE HERON DR. NORTH
JACKSONVILLE FL 32223

Mailing Address

% RANDALL J. SILVERBERG ESO
3013 BLUE HERON DR. NORTH
JACKSONVILLE FL 32223-2706



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/12/1990

3a. Date of Last Report

03/21/1996

4. FEI Number

59-2989977

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

9. Name and Address of Current Registered Agent

SILVERBERG, RANDALL J
3740 BEACH BLVD
SUITE 311
JACKSONVILLE FL 32207

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

Signature of Registered Agent (if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12a
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE

D
RIGGS, KATHY L.
3013 BLUE HERON DR N
JACKSONVILLE FL

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change 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 a 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-97

Date

Signature: _____

0036822

CR2E034 (9/96)