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95 MAY -1 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M08172** (2)

1. Corporation Name
AMBICA CORPORATION

Principal Place of Business Mailing Address

**3501 S DIXIE HIGHWAY
WEST PALM BEACH FL 33405** **3501 S DIXIE HIGHWAY
WEST PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Chartered	3a. Date of Last Report
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		11/27/1984	02/24/1994
22. City & State		27. City & State		4. FEI Number	Applied For
23. Country		28. Country		59-2474998	Not Applicable
24. Country		29. Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26. Country		31. Country		7. This corporation has liability for intangible tax under § 199 (1)(b) Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PATEL, AJIT
3501 S. DIXIE HIGHWAY
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. State

FL

11. I, the undersigned, Secretary of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of registering its registered office or registered agent for 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 hereby bound and accept the obligations of Section 607 0505, Florida Statutes.

12. OFFICERS AND DIRECTORS

1. NAME: PD PATEL, AJIT

2. STREET ADDRESS: 3501 S. DIXIE HIGHWAY

3. CITY, ST, ZIP: WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. STREET ADDRESS

3. CITY, ST, ZIP

4. NAME

5. STREET ADDRESS

6. CITY, ST, ZIP

7. NAME

8. STREET ADDRESS

9. CITY, ST, ZIP

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, ST, ZIP

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. NAME

26. STREET ADDRESS

27. CITY, ST, ZIP

28. NAME

29. STREET ADDRESS

30. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199 07(3)(b), 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. 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: *Ajit Patel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

4/7/95 4/30/95