

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

FOS

DOCUMENT # **P17693**

(3)

AMBIT, INC. OF PENNSYLVANIA

Principal Place of Business:
888 E LAA OLAS BLVD
S520
FT LAUDERDALE FL 33301
US

Mailing Address:
888 E LAS OLAS BLVD
S520
FT LAUDERDALE FL 33301
US

2. Principal Place of Business:
 21 | **24 55 E. SONRISE BLVD.**
 State, Apt #, etc. |
 22 | **STE. 711**
 City & State |
 23 | **FORT LAUDERDALE FL**
 Zip | Country |
 24 | **33304** | 25 | **US**

2a. Mailing Address:
 26 | **2455 E. SONRISE BLVD.**
 State, Apt #, etc. |
 27 | **STE. 711**
 City & State |
 28 | **FORT LAUDERDALE FL**
 Zip | Country |
 29 | **33304** | 30 | **US**

9. Name and Address of Current Registered Agent
KOCH, KATHERINE
~~888 EAST LAS OLAS BLVD~~ **2455 E. SONRISE BLVD.**
~~S520~~ **STE. 711**
FT LAUDERDALE FL 33301 **FORT LAUDERDALE FL**
33304

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 84 City
 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1505, 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 OF REGISTERED AGENT AND REGISTERED AGENT (If the Registered Agent is not the principal officer or director)

12. OFFICERS AND DIRECTORS

TITLE	P	[]	DELETE
NAME	KOCH, KATHERINE	[]	
STREET ADDRESS	1820 SW 4TH COURT	[]	2621 CASTILLA BLVD
CITY/STATE/ZIP	FT. LAUDERDALE FL 33301	[]	
TITLE	ST	[]	DELETE
NAME	STAPSY, IRVING S.	[]	
STREET ADDRESS	1009 BEECH AVE	[]	
CITY/STATE/ZIP	PITTSBURGH PA	[]	
TITLE		[]	DELETE
NAME		[]	
STREET ADDRESS		[]	
CITY/STATE/ZIP		[]	
TITLE		[]	DELETE
NAME		[]	
STREET ADDRESS		[]	
CITY/STATE/ZIP		[]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f) Florida Statutes. I further certify that the information included 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 fiduciary appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Part 4, 12 or Block 13 if change is on an attachment with an address.

SIGNATURE: *Katherine Koch*

9/30/98 (954) 568-2100

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