## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000018713 (6)

VAN AMBURGH ASSOCIATES, INC.

Principal Place of Business	Mailing Address	
859 E JEFFREY ST	859 € JEFFREY ST	
BOCA RATON FL 33434	BOCA RATON FL 33434	

**FILED** Mar 02 1998 8:00am Secretary of State

- 1 (0 B) (6 B) (10 (0 10 B) (1 I) (1 B) (1 B)

						{		
Princ	ipat Place of Business	Mail	ing Address			1 10011004 110 (\$110 (1111 0011) 0011) 00111 00111 00111	I MANA ON DAL OLEAN DANS AMBA	
859 E JEFFREY ST BOCA RATON FL 33434			859 & JEFFREY ST BOCA RATON FL 33434			DO NOT WRITE IN THIS S	SPACE	
						3. Date Incorporated or Qualified		
						03/10/1993		
2. P	rincipal Place of Business	28.	Mailing Address			4. FEI Number	Applied For	
21		26				65-0407529	Not Applicable	
Suite, Apt. #, etc.		[27]	Suile, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required		
C 23	ity & State	28	Dity & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z1 24	p Cour	itry 29	7)p (	Country		This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year Intangible Yes DNo	
,	9, Name and Add	Ireas of Current Registe		1		10. Name and Address of New Registered	\gent	
	VAN AMBURGH, FRAT	NK .		81	Name			
859 E JEFFREY ST BOCA RATON FL 33434			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	DOUG RATOR 1 L 334	<b></b>		83	<del></del>			
				1 - 4			Test et a la	

SIGNATURE	Signature, typed or printed name of regulated appint and bit		<ol> <li>Hegistered Agent signature requi</li> </ol>	
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	Change Additi
NAME )	van amburgh, frank		. 1.2 NAME	
STREET ADDRESS	859 E JEFFREY ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY-S1-ZIP	
TITLE	DST	☐ DELETE	2 1 TITLE	☐ Change ☐ Additi
NAME	van amburgh, Michele		2.2 NAME	
STREET ADDRESS	859 E. JEFFREY ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434		2. 4 City - St - ZiP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Additi
VAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELFTE	4.1 TITLE	Change Additi
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TiTLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY. ST. 7ID			6.4 CITY, CT. TID	

14. Thereby certify that the information supplied with this filling 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 frue and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frusted 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:

10 / My Andrewsh

1/23/98 56/347-1049