

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000018713

1. Corporation Name

VAN AMBURGH ASSOCIATES, INC.

Principal Place of Business

859 E JEFFREY ST  
BOCA RATON FL 33434

Mailing Address

859 E JEFFREY ST  
BOCA RATON FL 33434

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90127 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1993

4. FEI Number

65-0407529

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 1722 ROYAL PALM WAY

Suite, Apt. #, etc.

22 City & State

23 BOCA RATON FL

Zip Country

24 33432 25 PALM B. C.

2a. Mailing Address

26 1722 ROYAL PALM WAY

Suite, Apt. #, etc.

27 City & State

28 BOCA RATON FL

Zip Country

29 33432 30 PALM BEACH

9. Name and Address of Current Registered Agent

VAN AMBURGH, FRANK  
859 E JEFFREY ST  
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

VAN AMBURGH, FRANK

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

1722 ROYAL PALM WAY

83

84

City BOCA RATON

FL

85 Zip Code

33432

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 agent 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

VAN AMBURGH, FRANK

859 E JEFFREY ST

BOCA RATON FL 33434

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DST

VAN AMBURGH, MICHELE

859 E. JEFFREY ST.

BOCA RATON FL 33434

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DP

VAN AMBURGH, FRANK

1722 ROYAL PALM WAY

BOCA RATON, FL 33432

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DST

VAN AMBURGH, MICHELE

1722 ROYAL PALM WAY

BOCA RATON, FL 33432

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

Frank Van Amburgh

1/9/99

Date

Daytime Phone #

CR2E034 (11/98)