

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR 28 AM 10: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000041201 (3)**

**AMBROZY INVESTMENTS, INC.**

Principal Place of Business <b>4925 NORTH MELROSE AVENUE TAMPA FL 33629</b>	Mailing Address <b>4925 NORTH MELROSE AVENUE TAMPA FL 33629</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>341 S.W. 15th STREET</b> State, Apt. #, etc. 22	2b. Mailing Address 26 <b>341 SW. 15th STREET</b> State, Apt. #, etc. 27	3. Date incorporated or Qualified <b>06/07/1993</b>	3a. Date of Last Report <b>04/29/1994</b>
23 <b>NAPLES, FL.</b> City & State	28 <b>NAPLES, FL.</b> City & State	4. FEI Number <b>59-3188924</b>	Applied For <input type="checkbox"/> Not Applicable
24 <b>33964</b> Zip	25 <b>USA</b> Country	29 <b>33964</b> Zip	30 <b>USA</b> Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for changes in annual R. 1989 002, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>AMBROZY, RAYMOND L 4925 NORTH MELROSE AVENUE TAMPA FL 33629</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607 (502) and 607 (508), 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 (505), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>		1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMBROZY, RAYMOND L</b>		1.2 NAME		
STREET ADDRESS	<b>4925 NORTH MELROSE AVENUE</b>		1.1 STREET ADDRESS		
CITY, ST. ZIP	<b>TAMPA FL 33629</b>		1.1 CITY, ST. ZIP		
TITLE			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY, ST. ZIP			2.4 CITY, ST. ZIP		
TITLE			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY, ST. ZIP			3.4 CITY, ST. ZIP		
TITLE			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY, ST. ZIP			4.4 CITY, ST. ZIP		
TITLE			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY, ST. ZIP			5.4 CITY, ST. ZIP		
TITLE			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY, ST. ZIP			6.4 CITY, ST. ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and deemed reliable for the exemption stated in the law. I further certify that the information included in 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 1, or Block 1a if changed, or as an attachment with an address.

SIGNATURE: **RAYMOND L. AMBROZY, PRES.** *Raymond L. Ambrozy* (813) 287-0909  
DATE: **4/25/95**