

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996-8-96</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000041201 (3)**  
 1. Corporation Name  
**AMBROZY INVESTMENTS, INC.**



Principal Place of Business <b>341 SW 15TH ST NAPLES FL 33964 US</b>	Mailing Address <b>341 SW 15TH ST NAPLES FL 33964 US</b>
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3. Date Incorporated or Qualified <b>06/07/1993</b>		3a. Date of Last Report <b>04/28/1995</b>	
2. Principal Place of Business 21 <b>906 S. ROME AVE.</b> Suite, Apt. #, etc	2a. Mailing Address 26 <b>906 S. ROME AVE.</b> Suite, Apt. #, etc	4. FEI Number <b>59-3188924</b>	Applied for Not Applicable
22 City & State <b>TAMPA, FL.</b>	27 City & State <b>TAMPA, FL.</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23 Zip <b>33606</b>	25 Country <b>USA.</b>	29 Zip <b>33606</b>	30 Country <b>USA</b>
24		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**AMBROZY, RAYMOND L**  
~~**4925 NORTH MELROSE AVENUE**~~  
~~**TAMPA FL 33620**~~

10. Name and Address of New Registered Agent  
 81 Name **AMBROZY, RAYMOND L.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**906 S. ROME AVE**  
 83  
 84 City **TAMPA** FL 85 Zip Code **33606**

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 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 \_\_\_\_\_ (Type or print name of registered agent and title, if applicable. (If "OTF" Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AMBROZY, RAYMOND L</b>	
STREET ADDRESS	<del><b>4925 NORTH MELROSE AVENUE</b></del>	
CITY - ST - ZIP	<del><b>TAMPA FL 33620</b></del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>AMBROZY, RAYMOND L.</b>	
13 STREET ADDRESS	<b>906 S. ROME AVE.</b>	
14 CITY - ST - ZIP	<b>TAMPA, FL. 33606</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Raymond L. Ambrozy **6/30/96 (813) 628-6100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **RAYMOND L. AMBROZY** Use: **X 6196**

C 02E034 (3/96)