

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90025 028 ***150.00

DOCUMENT # P94000047735

1. Corporation Name
AMBEX, INC.



Principal Place of Business
1917 DREW ST.
CLEARWATER FL 34625

Mailing Address
1917 DREW ST.
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1994

4. FEI Number

59-3265697

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

DAVIS, TERRY D
10753 111TH ST N
LARGO FL 33778

10. Name and Address of New Registered Agent

81 Name Terry D. Davis

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

10882 111th St N.

84 City Largo

FL

85 Zip Code

33778

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 *Terry D. Davis*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DAVIS, TERRY
STREET ADDRESS 10753 111TH ST N
CITY-ST-ZIP LARGO FL

TITLE VP ☐ DELETE

NAME HAVERIC, AMER
STREET ADDRESS UNIT 201 2225 NURSERY RD.
CITY-ST-ZIP CLEARWATER FL 34624

TITLE T ☐ DELETE

NAME ABLAKOVIC, ALMA
STREET ADDRESS UNIT 21-201, 2225 NURSERY ROAD
CITY-ST-ZIP CLEARWATER FL 34624

TITLE D ☒ DELETE

NAME IMAMOVIC, MURIS
STREET ADDRESS UNIT 24-202, 2225 NURSERY ROAD
CITY-ST-ZIP CLEARWATER FL 34624

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Terry D. Davis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

(727)442-2722

CR2E034 (11/98)