

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000030787 (2)

1. Corporation Name

AMBROSE REPORTING, INC.



Principal Place of Business

1021 S.E. 7TH AVE., #306
DANIA FL 33004

Mailing Address

1021 S.E. 7TH AVE., #306
DANIA FL 33004

3. Date Incorporated or Qualified

04/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1040 S.E. 7th COURT

26 1040 S.E. 7th COURT

4. FEI Number

65-0574266

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

#204

#204

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State
DANIA, FLORIDA

28 City & State
DANIA, FLORIDA

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

Country

33004

BROWARD

30 33004

BROWARD

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'AMBROSIO, CASEY R
1021 S.E. 7TH AVE., #306
DANIA FL 33004

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and the filer's name

DATE Registered Agent signature responsible for maintaining

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME D'AMBROSIO, ROSE
STREET ADDRESS 1021 S.E. 7TH AVE., #306
CITY-ST-ZIP DANIA FL 33004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/96 (954) 923-6272

CR2E034 (12/95)