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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030787 (2)

14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and a officer or director of the corporation or the receiver or trustee employered to Block 12 or Block 13 if manged, or on an attachment with an address.

AMBROSE REPORTING, INC.

Principal Place of Business Mailing Address 407 8 PARK ROAD 407-S-PARK ROAD STE-1309 RTF #359 HOLLYWOOD FL \$3021 HOLLYWOOD FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1995 4. FEI Number Applied For 65-0574266 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent D'AMBROSIO, CASEY R 470 G PARK-ROAD 82 STE #809 83 HOLLYWOOD FL 33021 84 607 1508, Florida Statutes, the above-named corporationida. Such change was authorized by the corporation's of, Section 607.0505, Florida Statutes. Pursuant to the provisions of Soction office or registered agent, or both, agent. I am familiar with, and accept. its this statement for the purpose of changing its registered directors. I hereby accept the appointment as registered SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE TITLE 1.1 TITLE D'Ambrosio, CASEX R 1883 Discovery way D'AMBROSIO, CASEY R NAME 1.2 NAME 470 S PARK ROAD, #309 STREET ADDRESS 1.3 STREET ADDRESS **HOLLYWOOD FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 51 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an alle this report as required by Chapter 607, Florida Statutes; and that my name appears in

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Apr 23 1998 8:00am

Secretary of State