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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000044669 (6)

1. Corporation Name
AMBIANCE MARKETING, INC.



Principal Place of Business

13205 US HWY 1 #513
JUNO BCH FL 33408

Mailing Address

13205 US HWY 1 #513
JUNO BCH FL 33408-2242

3. Date Incorporated or Qualified
06/09/1995

3a. Date of Last Report
07/02/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25
9. Name and Address of Current Registered Agent
GINOCCHIO, THEODORE
5501 EAGLE LAKE DR
PALM BEACH GARDENS FL 33418

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30
10. Name and Address of New Registered Agent

81 Name Ginocchio, Theodore
82 Street Address (P.O. Box Number is Not Acceptable)
1231 S.W. JACQUELINE AVE
83
84 City Port St. Lucie FL 85 Zip Code 34953

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HAVANICH, DAVID JR. | |
| STREET ADDRESS | 5501 EAGLE LAKE DR | |
| CITY - ST - ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GINOCCHIO, THEODORE | |
| STREET ADDRESS | 5501 EAGLE LAKE DR | |
| CITY - ST - ZIP | PALM BEACH GARDENS FL 33418 | |
| 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

| | | |
|---------------------|--------------------------|--|
| 1.1 TITLE | C/V/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Ginocchio, Theodore | |
| 1.3 STREET ADDRESS | 1231 S.W. JACQUELINE AVE | |
| 1.4 CITY - ST - ZIP | Port St. Lucie, FL 34953 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do 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.

SIGNATURE: Theodore Ginocchio 3-597 (561)691-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)