## 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

## DOCUMENT # P95000084757

AMBER LEASING, INC.

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90053 026 \*\*\*150.00



Principal Place	of Business	Mailing Address	-	17			<b>                                    </b>	I MINE IND INDI
630 SOUTH KISSIMMEE AVENUE 630 SOUTH KISSIMMEE AVEN OCOEE FL 34761 OCOEE FL 34761			AVENUE	DO NOT WRITE IN TH		HIS SPACE		
1						3. Date Incorporated or Qualifed		
						11/03/1995		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21		26				59-3352687	No	ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22	··· <del>··································</del>	27		<del></del>	<del></del>	5. Certificate of Status Desired	Fee Re	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year		_
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	red Agent	
				81 Nam	e			
	SHT, LYNN W				Street Address (P.O. Box Number is Not Acceptable)			
1	REW CIRCLE							
	E 102			83				
000	EE FL 34761			84 City			85 Zip	Code
	•			-			FL     `	
affice or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida Such chande was	authonzer	ny the col	d corpor rporation	ration submits this statement for the purposits board of directors. I hereby accept the appropriate the second statement for the purposition of th	e of changing its ppointment as re	registered egistered
SIGNATURE								
	Signature, typed or printed name of registered ager			Agent signatur	re required v	when reinstating) DATE		ORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		re required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	
12.	OFFICERS AN		13.	LE .	re required v			ORS IN 12
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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: