


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000023470 (3)**

1. Corporation Name
AMBAG CORPORATION



Principal Place of Business 2062 BAYSHORE BOULEVARD DUNEDIN FL 34698	Mailing Address 2062 BAYSHORE BOULEVARD DUNEDIN FL 34698-2503
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2. Principal Place of Business 21 178 ALT. HWY 19 SOUTH Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/22/1996	3a. Date of Last Report
22 City & State PALE HARBOR, FL		27 City & State		4. FEI Number 59-3385796	Applied For Not Applicable
23 Zip 34683	25 Country USA	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 34683		28 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent HOOVER, ROGER A 2062 BAYSHORE BOULEVARD DUNEDIN FL 34698				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOOVER, ROGER A 2062 BAYSHORE BOULEVARD DUNEDIN FL 34698		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 178 ALT. HWY 19 SOUTH	
83		84 City PALE HARBOR FL 85 Zip Code 34683	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, ROGER A	1.2 NAME	
STREET ADDRESS	2062 BAYSHORE BOULEVARD	1.3 STREET ADDRESS	178 ALT HWY 19 SOUTH
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	PALE HARBOR, FL 34683
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, GREGORY A	2.2 NAME	
STREET ADDRESS	2062 BAYSHORE BOULEVARD	2.3 STREET ADDRESS	178 ALT HWY 19 SOUTH
CITY-ST-ZIP	DUNEDIN FL 34698	2.4 CITY-ST-ZIP	PALE HARBOR, FL 34683
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, DAVID	3.2 NAME	
STREET ADDRESS	11904 APALOOSA RUN E	3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27613	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, E. RILEY	4.2 NAME	
STREET ADDRESS	519 WHITE OAK CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARTSVILLE SC 29550	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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. **ROGER A. HOOVER**

SIGNATURE: **ROGER A. HOOVER** 4-29-97 813-771-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)