

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90138 041 ***150.00

DOCUMENT # P96000043880

1. Corporation Name
AMBROSE, INC.



Principal Place of Business
7305 N.W. 61ST TERRACE
PARKLAND FL 33067

Mailing Address
7305 N.W. 61ST TERRACE
PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1996

4. FEI Number

65-0668615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5541 PACIFIC BLVD

Suite, Apt. #, etc.

22 4104

City & State

23 BOCA RATON FL

Zip

24 33433

Country

25 PALM BEACH

2a. Mailing Address

26 5541 PACIFIC BLVD

Suite, Apt. #, etc.

27 4104

City & State

28 BOCA RATON FL

Zip

29 33433

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

MCCAMBRIDGE, PETER
7305 N.W. 61ST TERRACE
PARKLAND FL 33067

10. Name and Address of New Registered Agent

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 PETER MCCAMBRIDGE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

16 APRIL 99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MCCAMBRIDGE, PETER
STREET ADDRESS 7305 N.W. 61ST TERRACE
CITY-ST-ZIP PARKLAND FL 33067

TITLE TD ☒ DELETE

NAME MCCAMBRIDGE, ANGELA
STREET ADDRESS 7305 N.W. 61ST TERRACE
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: PETER MCCAMBRIDGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

16 APRIL 99 (561) 750 5087

0164532

CR2E034 (11/98)