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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072874 (6)

**AMBERLIGHT CORPORATION** 

## FILED May 01 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address			<b>     </b>	<b>i i</b> i i i i i i i i i i i i i i i i i	
15683 OCEAN BREEZE LANE WEST PALM BEACH FL 33414	15683 OCEAN BREEZE LA WEST PALM BEACH FL 3					
WEST PALM BEACH PL 33414	MESI LATM BEYOU LT 2	3414-7130				
			<ol> <li>Date Incorporated or Qualified 09/03/1996</li> </ol>	3a. Date	of Last R	leport
2. Principal Place of Business	2a, Mailing Address		4, FEI Number		Ap	oplied For
1	26		Applied for			ot Applicabl
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	X	\$8.75 . Fee Re	Additional equired
City & State	City & State		6. Election Campaign Financing		\$5.00	•
Zip Country	7 ip	Country	Trust Fund Contribution			to Fees
25	29	30	8. This corporation has liability for in Florida Statutes	niangible ta Yes []		. 199.032,
9. Name and Address of Curre			10. Name and Address of New Reg	gistered Ag	ent	
FINLEY, CHANDLER R		81 Name				
1645 Palm Beach Lakes Boule	EVARD	82 Street Add	fress (P.O. Box Number is Not Acceptable	ile)		·
SUITE 520						
WEST PALM BEACH FL 33401		83				
		84 City		FL	<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the pr		hanging it	ls registere
<ol> <li>Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the obli</li> </ol>	te of Florida, Such change was	authorized by the corpora	ation's board of directors. I hereby accep	of the appoi	ntment as	registered
adem, ram rammar with and accept the boll	loations of Section 607 (1905, Ele					
	igations of, Section 607.0505, Fi	unua Statutos.				
		L: Registered Agent signature requ		DATE	<u>-</u>	··
SIGNATURE Signature, typed or printed name of registered as	rigent and title 4 applicable (NOT			DATE		RS IN 12
SIGNATURE Signature, typed or printed name of registered as  12. OFFICERS AT  TITLE D	gent and title if applicable (NOT NOT DIRECTORS	L: Registered Agent signature requ	uired when reinstating)	DATE ERS AND [		RS IN 12
SIGNATURE Signature, typed or printed name of registered as  12. OFFICERS AT  TITLE D  NAME STALLONE, FRANK, S.K.	ngent and title of applicable (NOI NO DIRECTORS	L: Registered Agent bignature requ	uired when reinstating)	DATE ERS AND [	DIRECTOR	RS IN 12
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