

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90069 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000081301			
1. Corporation Name AMBER TRUCKING INC.			
Principal Place of Business 19321-C US HWY 19 N SUITE 601 CLEARWATER FL 33764		Mailing Address 19321-C US HWY 19 N SUITE 601 CLEARWATER FL 33764	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified OCTOBER 02/96			
2. Principal Place of Business 21 SAME		4. FEI Number 59-3403417	
2a. Mailing Address 26 SAME		Applied For Not Applicable	
Suite, Apt. #, etc. 22		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 25		Trust Fund Contribution <input type="checkbox"/>	
9. Name and Address of Current Registered Agent GRAZYNA SZOSTEK 1814 VERMONT DR ELK GROVE VILLAGE IL 60007		10. Name and Address of New Registered Agent 81 Name KOSIOR WALDEMAR 82 Street Address (P.O. Box Number is Not Acceptable) 19321 C US HWY 19N 601 83 STE 601 84 City CLEARWATER FL 33764	
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 <i>Kosior Waldemar</i>		DATE MARCH 31/99	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	KOSIOR WALDEMAR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1814 VERMONT DR	1.2 NAME	
STREET ADDRESS	ELK VERMONT VILLAGE IL 60007	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VP	GRAZYNA SZOSTEK	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1814 VERMONT DR	2.2 NAME	
STREET ADDRESS	ELK GROVE VILLAGE IL 60007	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 31/99

Date

Daytime Phone #

CR2E034 (11/98)