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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000091894

1. Corporation Name
AMBER ENTERPRISES, INC.



Principal Place of Business
 113 CANAL AVE. SO.
 INDIAN ROCKS BEACH FL 33785

Mailing Address
 C/O M. PELLETIER
 113 CANAL AVE. SO.
 INDIAN ROCKS BCH. FL 33785

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 115 CANAL AVE. SO.		26 C/O M. PELLETIER		11/08/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 UNIT #2		27 UNIT #2		59-3411689	
City & State		City & State		Applied For	
23 INDIAN ROCKS BEACH, FL		28 INDIAN ROCKS BEACH, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 33785		29 33785		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 USA		30 USA		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PELLETIER, MARY H 113 CANAL AVE. SO. INDIAN ROCKS BEACH FL 33785				10. Name and Address of New Registered Agent	

81 Name		85 Zip Code	
PELLETIER, MARY H.		33785	
82 Street Address (P.O. Box Number is Not Acceptable)			
115 CANAL AVE., SO.			
83			
UNIT #2			
84 City		85 Zip Code	
INDIAN ROCKS BEACH FL		33785	

11. Pursuant to the provisions of Sections 607.050(2) 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 Mary H. Pelletier DATE 4-26-99
Signature, typed or printed name of registered agent and title if applicable. (NONE) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PT
NAME	PELLETIER, MARY H	1.2 NAME	PELLETIER, MARY H.
STREET ADDRESS	113 CANAL AVE. SO.	1.3 STREET ADDRESS	115 CANAL AVE., SO. UNIT #2
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	1.4 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 change is, or on an attachment with an address, with all other like empowered

SIGNATURE: Mary H. Pelletier PT DATE 4-26-99 DAYTIME PHONE # 727-595-5846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)