


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 06, 1999 8:00 am**  
**Secretary of State**

07-06-1999 90002 027 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000004907</b>					
1. Corporation Name <b>A.B. GAMBER ENTERPRISES, INC.</b>					
Principal Place of Business 7550 60TH WAY NORTH PINELLAS PARK FL 33781 US			Mailing Address 7550 60TH WAY NORTH PINELLAS PARK FL 33781 US		
2. Principal Place of Business					
21 Suite, Apt. #, etc.		2a. Mailing Address		26 Suite, Apt. #, etc.	
22 City & State		27 City & State		28 Zip	
23 Zip		24 Country		25 Country	
9. Name and Address of Current Registered Agent <b>ALLAN, LINDA R 6675 13 AVENUE N. SUITE 2-C ST. PETERSBURG FL 33710</b>					
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City					
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 <u><i>A.B. Gamber</i></u> (NOTE: Registered Agent signature required when reinstating) <u><i>June 31, 1999</i></u> DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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.					
SIGNATURE: <u><i>A.B. Gamber</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

59-3434804

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing



\$5.00 May Be Added to Fees

8. This corporation owes the current year

Intangible Personal Property.



Yes



No

CR2E034 (5/99)



7550 60th Way North  
Pinellas Park, FL 33781  
Tel.: 813-541-4239  
813-541-1330  
Fax: 813-546-9351

P97000004907  
581627-90002-27

June 30, 1994

Dear Sir,

I would like to request your good office to waive the late fee on my ID # P97000004907 of \$400.<sup>00</sup>. I never received the original or first bill. My payment records on all my bills will reflect that I never have any delinquent payment.

I am asking/requesting your good office to understand and waive the penalty amount.

Enclosed please find my check \$150.<sup>00</sup> for this document - CK #3251.

Thank You.

Respectfully,  
Alice B. Hansen