Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90021 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000021881**1. Corporation Name

THE TELLUS AMBRY CORPORATION

i								
Principal Place	of Business	Mailing Address				F IODITION! III TATIL TERIS DRIES OUTS OUTS OUTS OUTS	# 16##1 (5## 1 5#	B) 19191 1191 1891
4721 SPANIEL		4721 SPANIEL ST						
ORLANDO FL 32818 ORLANDO FL 32818			3					
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		ļ
						03/11/1997		
2. Principal Pl	ace of Business	2a. Mailing Addres	s			4. FEI Number		Applied For
21		26				59-3462142		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.			5. Certificate of Status Desired	* - · · ·	Additional
22		27					Fee I	Required
City & State	e	City & State				6. Election Campaign Financing		May Be
23		[28]				Trust Fund Contribution		to Fees
Zip	Country	Zip		ountry		8. This corporation owes the current year In		
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent		04		10. Name and Address of New Registered	Agent	
44.1	HEAD.			81	Name			
	SPANIEL ST		-	82	Street Addr	ress (P.O. Box Number is Not Acceptable)	~	
URL	ANDO FL 32818			83				Į
				84	City		85 Zip	Code
					· -	Fl	_ ` `	
44 Purcuant	to the provisions of Sections 607,050	2 and 607 1509 Florida	Chadridge Alex	about		tion aubmite this etatement for the purpose o	f channing i	te registered
office or re agent. I ai	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change	was authorize 05, Florida Sta	ed by atutes	the corporation.	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as	registered
office or re agent. I at SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agen	of Florida, Such change tions of, Section 607.05	was authorize 05, Florida Sta (NOTE: Registere	ed by atutes	the corporation.	on's board of directors. I hereby accept the appoint of the directors of the directors of the directors of the directors of the directors.	eintment as	registered
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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.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATION READ AND TYPED OF PAINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

Change

Addition