

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000070533 (9)

1. Corporation Name
AMBAMA, INC.



Principal Place of Business *CBS Grocery* Mailing Address
2884 FOREST EDGE DR. 5045 *2884 FOREST EDGE DR.*
DELTONA FL 32725 *DELTONA FL 32725*

Highway 17 North
Deleon Springs FL 32130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>6000 CBS Grocery</i> Suite, Apt. #, etc. 22 <i>5045 Highway 17 North</i> City & State 23 <i>Deleon Springs FL 32130</i> Zip 24 <i>Volusia</i>	2a. Mailing Address 26 <i>2884 Forest Edge Dr.</i> Suite, Apt. #, etc. 27 <i>Deleon</i> City & State 28 <i>FL</i> Zip 29 <i>32725</i> Country 30 <i>Volusia</i>
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3. Date Incorporated or Qualified <i>08/14/1997</i>	4. FEI Number <i>59 3463894</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SHUKLA, ALKA 2884 FOREST EDGE DR. DELTONA FL 32725		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	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 *A. V. Shukla* DATE *2-9-98*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUKLA, VINAY	1.2 NAME	
STREET ADDRESS	2884 FOREST EDGE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	1.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUKLA, ALKA	2.2 NAME	
STREET ADDRESS	2884 FOREST EDGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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.

A. V. Shukla

2-9-98

CR2E034 (10/97)