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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000084745 (3)

AMBROOK CORPORATION

FILED Jan 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						- I INSULIANTE ATUL ARTIAL MUNITA MUN	MOST WITH ST	ARIA WARAN I BRANCA	1102) (ili i du s
PO BOX 650502 PO BO			BOX 650502						
VERO BEACH FL 32965 VERO BEACH FL 32965				5		DO NOT WOR	- IN 71110	00405	
						DO NOT WRIT 3. Date Incorporated or Qualified		SPACE	
						10/01/1997			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			applied For
21		26	J			65-077409	79		lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						Additional
22			27			5. Certificate of Status Desired			Required
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be
23 Zin	Country	28	T			Trust Fund Contribution			to Fees
Zip				Country	/	8. This corporation owes or has p	-		_ ~
24 25 29 30 30 30 30 30 30						Personal Property Tax due Jun 10. Name and Address of New R			No
					Name	IV. Name and Address of New A	eäreren	Agent	
HAFFIELD, TODD D 2735 53RD AVE									
_	RO BEACH FL 32966		82	Street Add	ress (P.O. Box Number is Not Accepta	ble)			
•-	IN DENOTITE 02300			83					
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections	607.0502 and 607	.1508, Florida Statu	ites, the above	le-named corp	poration submits this statement for the		f changing i	ts registered
office or r	egistered agent, or both, in the m familiar with, and accept the	ne State of Florida. ne obligations of S	Such change was Section 607 0505 F	authorized by lorida Statute	the corporat	poration submits this statement for the tion's board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE	The transfer transfer to the transfer to	o obligations of	, occo, 1	ionaa olalale.					ĺ
SIGNATURE	Signature, typed or printed name of regi	stered agent and title if a	pplicable. (NO	TE. Registered Age	ant signature requir	red when reinstating)	DATE	_	
12.		RS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	7S IN 12
TATLE	D		☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	HAFFIELD, TODD D			1.2 NAME	İ				
STREET ADDRESS	PO BOX 650502			1.3 STREET	ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 3296	35		1.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	2.1 TITLE				L Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	i				
CITY-ST-ZIP			☐ DELETE	2. 4 CiTY - 5	ST-ZIP (Ta _n .		Chassa	1 1 4 2 2 4
NAME			□ pereir	3.1 TITLE				L Change	Addition
STREET ADDRESS				3.2 NAME					
CITY-ST-ZIP				3.3 STREET					-
TITLE			DELETE	3.4. CITY-S 4.1 TITLE	11-ZIP			Change	Addition
NAME			Car occerc	4. 2 NAME				Ostalige	- Addition
STREET ADDRESS				4.3 STREET	ADDRESS				ļ
CITY-ST-ZIP				4.4 CITY - S					-
TITLE			DELETE	5.1 TITLE	1-21			Change	Addition
NAME			****	5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY-ST	· · · · · · · · · · · · · · · · · · ·				
TITLE			DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME				_ w	
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-S1					
14. Thereby Co	ertify that the information sum	olied with this filing	does not qualify for			Section 119 07/3/(i) Florida Statutes T	further co	rtify that the	information

4. I hereby certify that the information supplied with this filling 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 at adhrent with an address.

SIGNATURE:

TOLL N. Hopeld HEL

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