

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90024 027 \*\*\*150.00

DOCUMENT # P98000001688

1. Corporation Name AMBOY DUKE ENTERTAINMENT INC.

Principal Place of Business 120 YACHT CLUB WAY #305 LANTANA FL 33462

Mailing Address 120 YACHT CLUB WAY #305 LANTANA FL 33462



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/05/1998

Grid for Principal Place of Business (21-24) and other details (25-30)

4. FEI Number 65-0811174, 5. Certificate of Status Desired, 6. Election Campaign Financing Trust Fund Contribution, 8. This corporation owes the current year intangible Personal Property Tax

9. Name and Address of Current Registered Agent ARACE, LISA M 145 YACHT CLUB WAY, #105 LANTANA FL 33462

10. Name and Address of New Registered Agent (81-84)

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS (Table with columns for Name, Title, Street Address, City-St-Zip, and a DELETED checkbox)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Table with columns for Title, Name, Street Address, City-St-Zip, and checkboxes for Change/Addition)

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

SIGNATURE: [Signature] LISA M. ARACE

561.605-4242 Daytime Phone #