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Secretary of State

03-22-1999 90141 036 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000102673**

1. Corporation Name
AMBROSE ENVIRONMENTAL INDUSTRIES CORPORATION

Principal Place of Business Mailing Address
 13732 W. RENA DR., SUITE C 13732 W. RENA DR. SUITE C
 LARGO FL 33771 LARGO FL 33771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 922 E. 124 th Ave 26 922 E. 124 th Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 C 27 C
 City & State City & State
 23 Tampa, Florida 28 Tampa, Florida
 Zip Country Zip Country
 24 33612 25 33612 29 33612 30

3. Date Incorporated or Qualified
12/07/1998
 4. FEI Number Applied For
 59-3563297 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
AMBROSE, JENNIFER F
13732 W. RENA DR., SUITE C
LARGO FL 33771

10. Name and Address of New Registered Agent
 81 Name **Jennifer F. Ambrose**
 82 Street Address (P.O. Box Number is Not Acceptable) **922 E. 124 th Ave**
 83 **Suite C**
 84 City **Tampa** **FL** 85 Zip Code **33612**

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 *Jennifer F. Ambrose*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **3/19/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President- CEO Directors <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Ambrose	1.2 NAME	
STREET ADDRESS	922 E 124 th Ave Suite C	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33612	1.4 CITY-ST-ZIP	
TITLE	Vice President-CFO Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer F. Ambrose	2.2 NAME	
STREET ADDRESS	922 E. 124 th Ave Suite C	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33612	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, with all other like empowered.

SIGNATURE: *Jennifer F. Ambrose* **RECEIVED** *Jennifer F. Ambrose* **3/19/99** **813-975-0508**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)