


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90201 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S42422

1. Corporation Name
AMBERGATE, INC.



Principal Place of Business 801 UNO LAGO DRIVE JUNO BEACH FL 33408 US	Mailing Address 101 LAKEVIEW DRIVE MORGANTOWN WV 26505
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 801 Uno Lago Drive	4. FEI Number 55-0707378	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State Juno Beach FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Zip 33408	Country USA	7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
J.C. SOLOMON II 801 UNO LAGO DRIVE JUNO BEACH FL 33408		81 Name		
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D SOLOMON, J.C. II 801 UNO LAGO DRIVE JUNO BEACH FL Juno Beach	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		2.1 TITLE	2.2 NAME
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		3.1 TITLE	3.2 NAME
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	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 119.073(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 in the attachment with an address with another like empowered.

SIGNATURE: WILLIAM G. TAYLOR CFO Date: 4-21-99 Daytime Phone #: 561-625-9443

CR2E034 (1/198)