


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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V68520 (8)					
1. Corporation Name AMBERWORLD INCORPORATED					
Principal Place of Business 2426 GRAND TETON CIRCLE WINTER PARK FL 32702			Mailing Address 2426 GRAND TETON CIRCLE WINTER PARK FL 32702-1167		
2. Principal Place of Business 21 5724 Strawberry Lakes Cir. Suite, Apt. #, etc. 22 City & State 23 Lake Worth, Florida Zip Country 24 33463 25 U.S.A.		2a. Mailing Address 26 5724 Strawberry Lakes Cir Suite, Apt. #, etc. 27 City & State 28 Lake Worth, Florida Zip Country 29 33463-6515 30 U.S.A.		3. Date Incorporated or Qualified 10/01/1992	
				3a. Date of Last Report 01/30/1996	
				4. FEI Number 65-0360365	
				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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SPAGNUOLO, DEBORAH A 2426 GRAND TETON CIRCLE WINTER PARK FL 32702			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable) 5724 Strawberry Lakes Circle		
			83		
			84 City Lake Worth		
			85 Zip Code FL 33463		
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)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
12 NAME					
13 STREET ADDRESS 5724 Strawberry Lakes Circle					
14 CITY-ST-ZIP Lake Worth, Florida					
1.2 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
22 NAME					
23 STREET ADDRESS 5724 Strawberry Lakes Circle					
24 CITY-ST-ZIP Lake Worth, Florida					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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.					
SIGNATURE: DEBORAH A. SPAGNUOLO President					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
03 Apr 1997					
561-642-1602					



CR2E034 (9/96)