

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

0377786

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90047 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K40148

1. Corporation Name
AMBASSADOR ASSOCIATES, REALTY, INC.



Principal Place of Business 607 SON KEEN RD PLANT CITY FL 33566 US	Mailing Address 607 SON KEEN RD PLANT CITY FL 33566 US
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip Country	29. Zip Country

3. Date Incorporated or Qualified 10/20/1988	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0080476	
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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent

DEGROSA, MICHAEL P
607 SON KEEN RD
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> DELETE
NAME	DE GROSA, MICHAEL
STREET ADDRESS	3562 RIVERLAND ROAD
CITY-ST-ZIP	FT LAUDERDALE FL 33312
TITLE	Director <input type="checkbox"/> DELETE
NAME	FRANK K. DAGROSA
STREET ADDRESS	607 Son Keen RL
CITY-ST-ZIP	Plant city FL 33566
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	607 Son Keen RL
1.4 CITY-ST-ZIP	Plant city, FL 33566
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	FRANK K. DAGROSA
2.4 CITY-ST-ZIP	607 Son Keen RL Plant city FL 33566
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 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 REQUIRED** 4/2/99 Date 813-719-6666 Daytime Phone #

CR2E034 (11/98)