

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N99000001227

1. Corporation Name

AMBASSADOR SOUTH INC.

Principal Place of Business

Mailing Address

3131 SOUTH OCEAN DRIVE.  
HALLANDALE FL 33009.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

ALTON DUNN  
3135 So. Ocean Drive  
Hallandale FL 33009

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Alton Dunn*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

3/8/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D-PRESIDENT	<input type="checkbox"/> DELETE
NAME	WALTER MCGOVERN	
STREET ADDRESS	3135 So. Ocean Drive.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D-VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	DOROTHY KLEW	
STREET ADDRESS	3133 So. Ocean Drive.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D-VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	ROBERT ROOS	
STREET ADDRESS	3135 So. Ocean Drive.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D-SECRETARY	<input type="checkbox"/> DELETE
NAME	RITA PEPTONE	
STREET ADDRESS	3135 So. Ocean Drive.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D-TREASURER	<input type="checkbox"/> DELETE
NAME	ALTON DUNN	
STREET ADDRESS	3135 So. Ocean Drive.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D-JACK MYERS	<input type="checkbox"/> DELETE
NAME	JACK MYERS	
STREET ADDRESS	3131 So. Ocean Dr.	
CITY-ST-ZIP	HALLANDALE FL 33009	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARIA PALSY	
13 STREET ADDRESS	3129 So. Ocean Drive.	
14 CITY-ST-ZIP	HALLANDALE FL 33009	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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 617, 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: *Walter McGovern P*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99  
Date Daytime Phone #

99 MAR 15 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E037 (11/98)