

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PBPFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000013608 (3)

1. Corporation Name
AMBASSADOR CRUISE LINES, INC.



Principal Place of Business: **1801 S. OCEAN DRIVE STE. 1 HALLANDALE FL 33009**
Mailing Address: **1801 S. OCEAN DRIVE STE. 1 HALLANDALE FL 33009**

3. Date Incorporated or Qualified: **02/23/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-headers for Suite, Apt. #, etc., City & State, and Zip/Country.

4. FFI Number: **65-0390924**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**GEIGER, ROBERT S
1428 BRICKELL AVE.
#600
MIAMI FL 33131**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add-on
NAME	SIMON, ZINA	1.2 NAME	
STREET ADDRESS	536 NE 199TH TERRACE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL 33179	1.4 CITY-STATE-ZIP	
TITLE	PDVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, PHILIP E	2.2 NAME	
STREET ADDRESS	536 NE 199TH TERRACE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL 33179	2.4 CITY-STATE-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, PHILIP E	3.2 NAME	
STREET ADDRESS	536 NE 199TH TERRACE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL 33179	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(s), 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 this corporation or the owner 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 attached sheet with an address.

SIGNATURE: *Philip E. Simon, President*
PHILIP E. SIMON, PRESIDENT

Date: **4/24/96**
Telephone # **954-450-6000**

CR2E034 (12/95)