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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P94000060276 (0)**

1. Corporation Name  
**AMBASSADOR SERVICES INC.**

Principal Place of Business Mailing Address  
**800 E. MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952** **800 E. MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **08/16/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For  
21 **99 George King Blvd.** 26 **PO Box 632** **59-3261658** Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **Cape Canaveral, Florida** 28 **Cape Canaveral, Fl** 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **32920** 25 **Brevard** 29 **32920** 30 **Brevard** 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**CARUSO, JOE TEAGUE  
800 E. MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952**  
81 Name **Ambassador Services, Inc.**  
82 Street Address (P.O. Box Number is Not Acceptable) **99 George King Blvd.**  
83  
84 City **Cape Canaveral, FL** 85 Zip Code **32920**

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]* **Brian Hubert, Ambassador Services, Inc.** **03/02/95** *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Secretary	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian A. Hubert	12 NAME	
STREET ADDRESS	99 George King Blvd.	13 STREET ADDRESS	
CITY - ST - ZIP	Cape Canaveral, Fl 32920	14 CITY - ST - ZIP	
TITLE	Vice-President/Treasurer	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald H. Garver	22 NAME	
STREET ADDRESS	99 George King Blvd.	23 STREET ADDRESS	
CITY - ST - ZIP	Cape Canaveral, Fl 32920	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - 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 199.032, 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 in Block 14 if added, in addition.

SIGNATURE: *[Signature]* **Brian Hubert, President** **03/02/95** **407/784-4646**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*IF DEPOSITED BY BANK*