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Mar 18 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 # P94000060276 (0)

1. Corporation Name
AMBASSADOR SERVICES INC.



Principal Place of Business
99 GEORGE KING BLVD.
CAPE CANAVERAL FL 32920

Mailing Address
P.O. BOX 632
CAPE CANAVERAL FL 32920-0632

3. Date Incorporated or Qualified: 08/16/1994
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business (21) [Redacted]
2a. Mailing Address (26) Suite, Apt #, etc
22 City & State
23 Zip Country
24 Zip Country
25 Zip Country
26 Zip Country
27 City & State
28 City & State
29 Zip Country
30 Zip Country

4. FEI Number: 59-3261658
Applied For: Not Applicable
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s 199 032, Florida Statutes: [] Yes [] No

9. Name and Address of Current Registered Agent
CARUSO, JOE TEAGUE
800 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent
B1 Name: George Hamelin CPA
B2 Street Address (P.O. Box Number is Not Acceptable): 45 McLeod ST STE 3
B3
B4 City: Merritt Island FL B5 Zip Code: 32953

11. Pursuant to the provisions of Sections 607.0502 and 607.4503, 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] DATE: 2/3/97

12. OFFICERS AND DIRECTORS
PS HUBERT, BRIAN A
99 GEORGE KING BLVD.
CAPE CANAVERAL FL 32920
VT GARVER, DONALD H
99 GEORGE KING BLVD.
CAPE CANAVERAL FL 32920

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
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 my address.
SIGNATURE: [Signature] DATE: 2/3/97 DAYTIME PHONE #: 407-784-4646

CR2E034 (9/96)