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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000066525 (3)

AMBASSADOR INTERIOR DESIGNS, INC.

FILED May 15 1997 8:00am Secretary of State



Demoir of Disa	o of Rusinoss	Mailina Address				ROM EURO ORRE ORRE	
Principal Place of Business 12110 US HWY 19 N		-	Mailing Address 12110 US HWY 19 N				
HUDSON FL 34		HUDSON FL 34687-					
					Date incorporated or Qualific 08/28/1995	od 3a. Date o	Last Report
2. Principal Place of Business		2a, Mailing Addres	98		4, FEI Number		Applied For
1		26	· · · · · · · · · · · · · · · · · · ·		59-3338693		Not Applicat
Suite, Apt 2	#, etc	Suite, Apt. #, e	etc.		5. Certificate of Status Desired	_ \$	8.75 Additional Fee Required
City & Stat	ic	City & State			Election Campaign Financing Trust Fund Contribution	,	\$5.00 May Be Added to Fees
Zip	Country	Zip	Co	ountry	8. This corporation has liability		
4	25	29	30		Florida Statutes	☐ Yes ☐ N	
	g. Name and Address of C	Current Registered Agent		Jaal V	10. Name and Address of New	Registered Age	nt
	'On, Barry V			81 Name			
	10 US HWY 19 N		82 S		Address (P.O. Box Number is Not Acce	otable)	
HUD	ISON FL 34667			ļ <u>.</u>			
				83			
				84 City		 , 6	Zip Code
		7.05.00		<u> </u>		<u>FL</u> °	1
office or I	registered agent, or both, in the	State of Florida, Such change	e was authoriz 505. Florida St	ed by the corp	corporation submits this statement for the poration's board of directors. I hereby according to the control of the corporation	cept the appoint	ment as registered
	im familiar with, and accept the	obligations of, Section 607.0:	500, 1 lollag 01	atotoa.			
	Signature, typed or portion name of registe	ared agent and title if applicable.	(NOTE: Registe	red Agent signature	required when reinstating)	DATE	
SIGNATURE	Signature, typed or perhips name of registe	nred agent and title if applicable.	(NOTE Register	red Agent signature		DATE FICERS AND DIF	
SIGNATURE 12.	Signature, typed or period name of registe OFFICER	ared agent and title if applicable.	(NOTE: Register 13 ETE 1.1	red Agent signature TITLE	required when reinstating)	DATE FICERS AND DIF	RECTORS IN 12 Change Additi
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The management of the compoundation supplies with this party does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement a paper 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 director and that my name appears in Block 12 or Block 13 if changed, or on an attach preparation and decrease.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR