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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000057531 (2)

1. Corporation Name

AMBASSADOR REAL ESTATE CONSULTANTS INC.

Principal Place of Business

1200 S. LAWRENCE BOULEVARD
KEYSTONE HEIGHTS FL 32656

Mailing Address

POST OFFICE BOX 995
KEYSTONE HEIGHTS FL 32656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

59-3326155

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

GOURD, ANDRE P
1200 S. LAWRENCE BOULEVARD
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS GOURD, ANDRE P
CITY-ST-ZIP POST OFFICE BOX 995
KEYSTONE HEIGHTS FL 32656

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME GOURD, ANDRE P
1.3 STREET ADDRESS [REDACTED] 1200 S. LAWRENCE BLVD
1.4 CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

2.1 TITLE S/D ☐ Change ☒ Addition
2.2 NAME BEATRICE GOURD, BEATRICE L.
2.3 STREET ADDRESS [REDACTED] 1200 S. LAWRENCE BLVD
2.4 CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME LABOSSIERE, MARC
3.3 STREET ADDRESS 1222 N.E. 4TH AVENUE
3.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33304

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE

[Signature]

4/1/98 (322) 423-0588

CR2E034 (10/97)