

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 257928 (2)

1. Corporation Name
AMBASSADOR SOUTH INC



Principal Place of Business: 3135 SOUTH OCEAN DR HALLANDALE FL 33009
Mailing Address: 3135 SOUTH OCEAN DR HALLANDALE FL 33009

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1962	3a. Date of Last Report 03/08/1995
21 State, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1144223	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TAORMINA, ANTHONY R. 3135 S. OCEAN DR. HALLANDALE FL 33009				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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEIN, JEANNE			1.2 NAME	Ruth Sweet		
STREET ADDRESS	3133 S. OCEAN DR.			1.3 STREET ADDRESS	3135 S. OCEAN DR		
CITY, ST, ZIP	HALLANDALE FL 33009			1.4 CITY-ST-ZIP	HALLANDALE FL.		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROOS, ROBERT			2.2 NAME			
STREET ADDRESS	3135 S. OCEAN DR.			2.3 STREET ADDRESS			
CITY, ST, ZIP	HALLANDALE, FL 00000			2.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAORMINA, ANTHONY R.			3.2 NAME	TAORMINA, Anthony R.		
STREET ADDRESS	3135 S. OCEAN DR.			3.3 STREET ADDRESS			
CITY, ST, ZIP	HALLANDALE, FL 00000			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGOVERN, WALTER			4.2 NAME			
STREET ADDRESS	3135 S. OCEAN DR.			4.3 STREET ADDRESS			
CITY, ST, ZIP	HALLANDALE, FL 00000			4.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEIN, DOROTHY			5.2 NAME			
STREET ADDRESS	3133 S. OCEAN DRIVE			5.3 STREET ADDRESS			
CITY, ST, ZIP	HALLANDALE, FL 00000			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	ATTON DUNN		
STREET ADDRESS				6.3 STREET ADDRESS	3135 S. OCEAN DRIVE		
CITY, ST, ZIP				6.4 CITY-ST-ZIP	HALLANDALE, FL. 33009.		

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)(k), 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 an address.

SIGNATURE: *Sandra B. Morlham* 2/27/96 (305) 454-6787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)