

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

3. Date Incorporated or Qualified

04/13/1962

3a. Date of Last Report

03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 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

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

Signature of the corporation's registered agent and, if applicable,

(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
NAME	KLEIN, JEANNE	
STREET ADDRESS	3133 S. OCEAN DR.	
CITY- ST- ZIP	HALLANDALE FL 33009	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROOS, ROBERT	
STREET ADDRESS	3135 S. OCEAN DR.	
CITY- ST- ZIP	HALLANDALE, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	TAORMINA, ANTHONY R.	
STREET ADDRESS	3135 S. OCEAN DR.	
CITY- ST- ZIP	HALLANDALE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCGOVERN, WALTER	
STREET ADDRESS	3135 S. OCEAN DR.	
CITY- ST- ZIP	HALLANDALE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLEIN, DOROTHY	
STREET ADDRESS	3133 S. OCEAN DRIVE	
CITY- ST- ZIP	HALLANDALE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ruth Sweet	
1.3 STREET ADDRESS	3135 S. OCEAN DR	
1.4 CITY- ST- ZIP	HALLANDALE FL.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TAORMINA, Anthony R.	
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ATTON DUNN	
6.3 STREET ADDRESS	3135 S. OCEAN DRIVE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

(305) 454-6787

Date

Daytime Phone #

CR2E034 (12/95)