

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 27 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 257928 (2)**

1. Corporation Name  
**AMBASSADOR SOUTH INC**



Principal Place of Business <b>3135 SOUTH OCEAN DR HALLANDALE FL 33009</b>	Mailing Address <b>3135 SOUTH OCEAN DR HALLANDALE FL 33009-6578</b>
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3. Date Incorporated or Qualified <b>04/13/1962</b>	3a. Date of Last Report <b>03/06/1996</b>
4. FEI Number <b>59-1144223</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>TAORMINA, ANTHONY R. 3135 S. OCEAN DR. HALLANDALE FL 33009</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SWEET, RUTH</b>	
STREET ADDRESS <b>3135 SOUTH OCEAN DRIVE</b>	
CITY-ST-ZIP <b>HALLANDALE FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>ROOS, ROBERT</b>	
STREET ADDRESS <b>3135 S. OCEAN DR.</b>	
CITY-ST-ZIP <b>HALLANDALE, FL 00000</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>TAORMINA, ANTHONY R.</b>	
STREET ADDRESS <b>3135 S. OCEAN DR.</b>	
CITY-ST-ZIP <b>HALLANDALE, FL 00000</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MCGOVERN, WALTER</b>	
STREET ADDRESS <b>3135 S. OCEAN DR.</b>	
CITY-ST-ZIP <b>HALLANDALE, FL 00000</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KLEIN, DOROTHY</b>	
STREET ADDRESS <b>3133 S. OCEAN DRIVE</b>	
CITY-ST-ZIP <b>HALLANDALE, FL 00000</b>	
TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DUNN, ALTON</b>	
STREET ADDRESS <b>3133 S. OCEAN DRIVE</b>	
CITY-ST-ZIP <b>HALLANDALE, FL 00000</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>PEPITONE, RITA</b>	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 <del>FRANCIS D</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>SWEET, RUTH</b>	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <del>ROBERT V D</del>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>MARKEY, OWEN</b>	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <del>SWEET, RUTH</del>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <del>FRANCIS D</del>	
5.3 STREET ADDRESS <b>MCGOVERN, WALTER</b>	
5.4 CITY-ST-ZIP	
6.1 TITLE <del>WALTER MCGOVERN</del>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <del>WALTER MCGOVERN</del>	
6.3 STREET ADDRESS <b>TAORMINA, ANTHONY R.</b>	
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 included 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: *Walter McGovern* **WALTER MCGOVERN, Pres.** 2/20/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)