

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1962

4. FEI Number: 59-1144223 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 (21-24) and 2a. Mailing Address (25-28) fields.

9. Name and Address of Current Registered Agent: ~~TAORMINA, ANTHONY R.~~ MYERS, JACK
3135 S. OCEAN DR. HALLANDALE FL 33009

10. Name and Address of New Registered Agent: JACK MYERS
3130 So. Ocean Drive
Hallandale FL 33009

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]* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DS	PEPITONE, RITA 3135 SOUTH OCEAN DRIVE HALLANDALE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	ROOS, ROBERT 3135 S. OCEAN DR. HALLANDALE, FL 00000	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	SWEET, RUTH 3135 S. OCEAN DR. HALLANDALE, FL 00000	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	MARKEY, OWEN 3135 S. OCEAN DR. HALLANDALE, FL 00000	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	MCGOVERN, WALTER 3135 S. OCEAN DR. 3135 S. OCEAN DR. HALLANDALE, FL 00000	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	TAORMINA, ANTHONY R. 3133 S. OCEAN DRIVE HALLANDALE, FL 00000	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

DOROTHY KLEIN #17
3133 S. OCEAN DR.
HALLANDALE, FL. 33009

JACK MYERS #211
3130 So OCEAN DR
HALLANDALE, FL. 33009

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 an address.

SIGNATURE: *Walter McGovern* 2/25/98 954-454-6787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0163843

CR2E034 (10/97)