

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
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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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1962	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1144223	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TAORMINA, ANTHONY R. 3135 S. OCEAN DR. HALLANDALE FL 33009		10. Name and Address of New Registered Agent JACK MYERS 3130 So. Ocean Drive Hallandale FL 33009	
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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  (NOT Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPITONE, RITA	1.2 NAME	
STREET ADDRESS	3135 SOUTH OCEAN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	VD	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	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEET, RUTH	3.2 NAME	
STREET ADDRESS	3135 S. OCEAN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKEY, OWEN	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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOVERN, WALTER	5.2 NAME	
STREET ADDRESS	3135 S. OCEAN DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAORMINA, ANTHONY R.	6.2 NAME	
STREET ADDRESS	3133 S. OCEAN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	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 an address.

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

CR2E034 (10/97)