

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 311666 (2)

1. Corporation Name  
**THE AMBASSADOR SOUTH DEVELOPMENT CORP.**



Principal Place of Business: 2774 S. OCEAN BLVD. PALM BEACH FL 33480  
Mailing Address: 2774 S. OCEAN BLVD. PALM BEACH FL 33480

3. Date Incorporated or Qualified: 12/13/1966  
3a. Date of Last Report: 04/25/1995  
4. FEI Number: 59-1205161  
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, JACK, ESQ.  
2875 S OCEAN BLVD.  
PALM BCH FL 33480

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 person filing this report (the filer): \_\_\_\_\_

Signature of the Agent (signature of the registered agent): \_\_\_\_\_

DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P	ROSENBERG, BEN	1. TITLE: _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 2774 S. OCEAN BLVD., #701	PALM BEACH FL	2. NAME: DS LAPPIN, Irene
CITY-ST-ZIP: PALM BEACH FL		3. STREET ADDRESS: 2774 South Ocean Blvd., #405
TITLE: DV	KAPLAN, JOAN	4. CITY-ST-ZIP: Palm Beach, FL 33480
STREET ADDRESS: 2774 S. OCEAN BLVD., #608	PALM BEACH FL	5. TITLE: _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP: PALM BEACH FL		6. NAME: Salmon, Tom
TITLE: <del>DV</del> DV	STUART, FLORA	7. STREET ADDRESS: 2774 South Ocean Blvd, #510
STREET ADDRESS: 2774 S. OCEAN BOULEVARD #205	PALM BEACH FL	8. CITY-ST-ZIP: Palm Beach, FL 33480
CITY-ST-ZIP: PALM BEACH FL		9. TITLE: _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DT T BROSTERMAN	BROSTERMAN, ROBERT	10. NAME: Handelsman, Joe
STREET ADDRESS: 2774 S. OCEAN BLVD. #401	PALM BEACH FL	11. STREET ADDRESS: 2774 South Ocean Blvd. #108
CITY-ST-ZIP: PALM BEACH FL		12. CITY-ST-ZIP: Palm Beach, FL 33480
TITLE: D	JACOBSON, ROBERT	13. TITLE: _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 2774 S. OCEAN BLVD. #507	PALM BCH, FL 00000	14. NAME: Newburger, Frank
CITY-ST-ZIP: PALM BCH, FL 00000		15. STREET ADDRESS: 2774 South Ocean Blvd #209
TITLE: D	CANTER, ELLIOT	16. CITY-ST-ZIP: Palm Beach, FL 33480
STREET ADDRESS: 2774 S. OCEAN BLVD. #709	PALM BEACH FL	17. TITLE: _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP: PALM BEACH FL		18. NAME: Schiller, Muriel
		19. STREET ADDRESS: 2774 South Ocean Blvd. #211
		20. CITY-ST-ZIP: Palm Beach, FL 33480
		21. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
		22. NAME: _____
		23. STREET ADDRESS: _____
		24. CITY-ST-ZIP: _____

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 in an attachment with an addendum.

SIGNATURE: *Robert Brosterman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 (407) 582-5209

CR2E034 (12/95)