

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

FILED

**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33480-5539
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1966	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-1205161	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCDONALD, JACK, ESQ. 2875 S OCEAN BLVD. PALM BCH FL 33480				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, BEN	1.2 NAME	ROSENBERG, BEN
STREET ADDRESS	2774 S. OCEAN BLVD., #701	1.3 STREET ADDRESS	2774 S. OCEAN BLVD., #701
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUART, FLORA	2.2 NAME	MARTIN BIENER
STREET ADDRESS	2774 S. OCEAN BOULEVARD #205	2.3 STREET ADDRESS	2774 S. OCEAN BLVD # 802
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROSTERMAN, ROBERT	3.2 NAME	JACK MARGOLIS
STREET ADDRESS	2774 S. OCEAN BLVD. #401	3.3 STREET ADDRESS	2774 S. OCEAN BLVD. #202
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLER, MURIEL	4.2 NAME	MURIEL SCHILLER
STREET ADDRESS	2774 S. OCEAN BLVD.#211	4.3 STREET ADDRESS	2774 S. OCEAN BLVD. #211
CITY-ST-ZIP	PALM BEACH FL 33480	4.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTER, ELLIOT	5.2 NAME	TOM SALMON
STREET ADDRESS	2774 S. OCEAN BLVD. #709	5.3 STREET ADDRESS	2774 S. OCEAN BLVD. #510
CITY-ST-ZIP	PALM BEACH FL	5.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *X [Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)