

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

FILED

**May 21 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1966	
21	26	4. FEI Number 59-1205161		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	Zip		Country	
24	25	29	30		

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
				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 _____ (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	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STUART, FLORA			2.2 NAME	STUART, IRV		
STREET ADDRESS	2774 S. OCEAN BOULEVARD #205			2.3 STREET ADDRESS	2774 S. OCEAN BLVD #205		
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	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROSTERMAN, ROBERT			3.2 NAME	SPETT, MICHAEL		
STREET ADDRESS	2774 S. OCEAN BLVD. #401			3.3 STREET ADDRESS	2774 S. OCEAN BLVD. # 406		
CITY-ST-ZIP	PALM BEACH FL			3.4 CITY-ST-ZIP	PALM BEACH, FL 33480		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHILLER, MURIEL			4.2 NAME	LAPPIN, IRENE		
STREET ADDRESS	2774 S. OCEAN BLVD.#211			4.3 STREET ADDRESS	2774 S. OCEAN BLVD. #405		
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	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CANTER, ELLIOT			5.2 NAME	MANEKIN, BERNARD		
STREET ADDRESS	2774 S. OCEAN BLVD. #709			5.3 STREET ADDRESS	2774 S. OCEAN BLVD. # 811		
CITY-ST-ZIP	PALM BEACH FL			5.4 CITY-ST-ZIP	PALM BEACH, FL 33480		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	HANDELSMAN, JOSEPH		
STREET ADDRESS				6.3 STREET ADDRESS	2774 S. OCEAN BLVD #108		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	PALM BEACH, FL 33480		

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.

CFR2E034 (10/97)