

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90123 025 ***158.75

DOCUMENT # 311666

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1966

4. FEI Number

59-1205161

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ROSENBERG, BEN ☒ DELETE

NAME
STREET ADDRESS 2774 S OCEAN BLVD, #701
CITY-ST-ZIP PALM BEACH FL 33480

TITLE DP STUART, IR ☒ DELETE

NAME
STREET ADDRESS 2774 S OCEAN BLVD, #205
CITY-ST-ZIP PALM BEACH FL 33480

TITLE DV SPETT, MICHAEL ☒ DELETE

NAME
STREET ADDRESS 2774 S OCEAN BLVD, #406
CITY-ST-ZIP PALM BEACH FL 33480

TITLE DS LAPPIN, IRENE ☒ DELETE

NAME
STREET ADDRESS 2774 S OCEAN BLVD #405
CITY-ST-ZIP PALM BEACH FL 33480

TITLE DT MANEKIN, BERNARD ☒ DELETE

NAME
STREET ADDRESS 2774 S OCEAN BLVD, #811
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ DELETE

NAME
STREET ADDRESS 2774 S OCEAN BLVD, #108
CITY-ST-ZIP PALM BEACH FL 33480

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Rosenberg, Benedict
1.3 STREET ADDRESS 2774 S. Ocean Blvd. #701
1.4 CITY-ST-ZIP Palm Beach, FL 33480

2.1 TITLE Vice-President / Treasurer ☐ Change ☒ Addition

2.2 NAME Eliot Canter
2.3 STREET ADDRESS 2774 S. Ocean Blvd., #709
2.4 CITY-ST-ZIP Palm Beach, FL 33480

3.1 TITLE Secretary ☒ Change ☐ Addition

3.2 NAME Irene Lappin
3.3 STREET ADDRESS 2774 S Ocean Blvd. #405
3.4 CITY-ST-ZIP Palm Beach, FL 33480

4.1 TITLE Director ☐ Change ☒ Addition

4.2 NAME Michael Spett
4.3 STREET ADDRESS 2774 S. Ocean Blvd. #406
4.4 CITY-ST-ZIP Palm Beach, FL 33480

5.1 TITLE Director ☐ Change ☒ Addition

5.2 NAME Leonard Forman
5.3 STREET ADDRESS 2774 S. Ocean Blvd. #805
5.4 CITY-ST-ZIP Palm Beach, FL 33480

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/99

CR2E034 (11/98)

0359036