

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 468248 (0)**

1. Corporation Name  
**AMBASSADOR HOTEL HAIR STYLISTS, INC.**



Principal Place of Business: **2730 S. OCEAN BLVD. PALM BEACH FL 33480**  
Mailing Address: **2730 S. OCEAN BLVD. PALM BEACH FL 33480**

3. Date Incorporated or Qualified: **01/13/1975**  
3a. Date of Last Report: **04/14/1995**  
4. FEI Number: **59-1566260**  
Applied For:  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 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: Country:  
24. 25. 26. Mailing Address: 27. Suite, Apt. #, etc.: 28. City & State: 29. Zip: 30. Country:

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PENTO, JAMES  
2730 S OCEAN BLVD  
PALM BEACH 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent or officer or director. (Date typed or printed name of registered agent or officer or director.)

**12. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>PD PENTO, JAMES</b>	<b>2730 S OCEAN BLVD</b>	<b>PALM BEACH FL</b>	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 and a 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: *James Pento*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PRESIDENT**  
James Pento

4/29/96 407-585-0942  
Toll Free Phone

CR2E034 (12/95)