05-10-1999 90247 037 \*\*\*150.00

## 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

## DOCUMENT # 565779 1. Corporation Name

AMBASSADORS OF EDUCATION, INC.

									-
Principal Place	e of Business	Mailing Address						4811 01011 01011 010	ill <b>bib</b> io <b>a</b> ces cans
6620 NW 23RD		•	6620 NW 23RD ST						
MARGATE FL 33063		MARGATE FL 33063			DO NOT INDICATE AN AUGUS OF A CE				
US		US			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 01/31/1978		Ţ
5 Distant	· · · / Duningan	2a. Mailing Address					4. FEI Number		Applied For
····	lace of Business	<del></del>	<del></del>				59-1794572	<u> </u>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.						5 Additional
22 Suite, Apt.	#, etc.	27					5. Certifcate of Status Desired	Fee	Required
City & State		City & State					6. Election Campaign Financing	\$5.0	0 May Be
23							Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Coun	itry			8. This corporation owes the current year		
24	25	29	30				Personal Property Tax.	Yes	No
	9. Name and Address of Currer	nt Registered Agent	$\longrightarrow$	81	N-ma		10. Name and Address of New Registe	red Agent	
MEI .	TOM RETTY			81	Name				
MELTON, BETTY 6620 NW 23RD ST			1	82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
	IGATE FL 33063		}	83					
M/V v	CATE I E SOUCE			83					
				84	City			FI 85 Z	ip Code
		20 - 4 CO7 1E09 Florida Statuta	a the ah		named	4 corpor	ration submits this statement for the purpos	se of changing	its registered
office or r	rocietored agent or both in the State	of Florida, Such change was au	tnonzea	DV II	he corp	poration	ration submits this statement for the purpos r's board of directors. I hereby accept the a	ppointment as	registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statu	tes.					
SIGNATURE	Signature, typed or printed name of registered age	NOTE:	Denistered (	t	exmature	required v	when reinstating) DAT	/E	———
12.		ND DIRECTORS	13.	·	Dig. M		ADDITIONS/CHANGES TO OFFICER	S AND DIREC	
TITLE	S	☐ DELETE	1.1 TITL	LE		T		Chang	
NAME	MELTON, LOUIE		1.2 NAM	ME					
STREET ADDRESS	6620 NW 23RD ST		1.3 STF	REET/	ADDRESS	3			
CITY-ST-ZIP	MARGATE FL		1.4 CIT	Y-ST-	-ZIP				
TITLE	VP					† ·		☐ Chang	ge 🔲 Addition
NAME	· · · · · · · · · · · · · · · · · · ·		2.2 NAI	2.2 NAME					
STREET ADDRESS	ACCOUNTS OF THE PARTY OF THE PA		2.3 STF	2.3 STREET ADDRESS		3			
CITY-ST-ZIP	MARGATE FL		2. 4 CIT	ry-st	-ZIP				
TITLE			3.1 TM	LE		T		Chang	ge
NAME	MELTON, BETTY	MELTON, BETTY 32N		ME					ł
STREET ADDRESS	The state of the s		3.3 STF	REET	ADDRESS	ŝ			
CITY-ST-ZIP	MARGATE FL		3.4. CIT	ry-st	-ZIP				CT Addition
TITLE		☐ DELETE	4.1 TIT	LE				Chan	ige   Addition
NAME			4, 2 NA	ME					'
STREET ADDRESS	·		4.3 STF	REET	ADDRESS	3			
CITY-ST-ZIP			4.4 CIT		-ZIP	<del> </del>		Chon	nge Addition
TITLE		☐ DEFELE	5.1 TIT					Chan	iĝe ⊟ ∧uuiuon
NAME			5.2 NA			_			
STREET ADDRESS					ADDRESS	3			
CITY-ST-ZIP			5.4 CIT 6.1 TITI		- ZIP	┼─		☐ Chan	ge Addition
TITLE		☐ DELETE	6.2 NA					L. Chang	ge
NAME '	Į.				1000000				
					<b>ADDRESS</b>	8			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS