


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

FILED
May 29 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 # ~~0746000012865~~
1. Corporation Name
AMBASSADOR RETIREMENT HOME INC,
J69816

Principal Place of Business Mailing Address
804 SO. RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

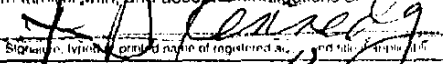
2. Principal Place of Business 21. SAME Suite, Apt. #, etc. 22. City & State 23. Zip 24.	2a. Mailing Address 26. SAME Suite, Apt. #, etc. 27. City & State 28. Zip 29.
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3. Date Incorporated or Qualified APRIL 8, 1996	3a. Date of Last Report JULY 1996
4. FEI Number 59-2801644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MS. DEBORAH KENNEDY
KENNEDY ASSOCIATES
206 EAST MENAB RD.
POMPANO BEACH, FL 33060

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 Sections 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE PRESIDENT ALFRED S. ZUKOWSKI 6 ROYAL PALM WAY #108 FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE VICE-PRESIDENT STEPHEN ZUKOWSKI 400 S.E. 5th CT. POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE SECRETARY STEPHEN ZUKOWSKI 400 S.E. 5th CT. POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE TREASURER ALFRED ZUKOWSKI 6 ROYAL PALM WAY #108 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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.

24 157 6 954-785-0380

CR2E034 (9/96)