

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  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90188 045 \*\*\*150.00

DOCUMENT # J69816

1. Corporation Name

AMBASSADOR RETIREMENT HOME, INC.



Principal Place of Business

804 S. RIVERSIDE DR.  
POMPANO BEACH FL 33062

Mailing Address

804 S. RIVERSIDE DR.  
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1987

4. FEI Number

59-2801644

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

KENNEDY, DEBORAH S  
206 EAST MCNAB ROAD  
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name Stanley Tokarz  
82 Street Address (P.O. Box Number is Not Acceptable)  
5731 Bayview Drive  
83  
84 City Fort Lauderdale FL 85 Zip Code 33308

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

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

(NOTE: Registered Agent signature required when reinstating)

Teresa Tokarz

4/24/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☒ DELETE  
NAME ZUKOWSKI, ALFRED  
STREET ADDRESS 6 ROYAL PALM WAY #408-  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VPS ☒ DELETE  
NAME ZUKOWSKI, STEPHEN  
STREET ADDRESS 400 SE 5TH CT  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME Stanley Tokarz  
1.3 STREET ADDRESS 5731 Bayview Drive  
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33308

2.1 TITLE vice President ☐ Change ☒ Addition  
2.2 NAME Teresa Tokarz  
2.3 STREET ADDRESS 5731 Bayview Drive  
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33308

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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: *Teresa Tokarz* Teresa Tokarz 4/24/99 954-785-0381  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)