

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L17379 (3)

1. Corporation Name

AMBASSADOR ESTATES, INC.



Principal Place of Business

570 W. MT. PLEASANT AVE., #100
LIVINGSTON NJ 07039

Mailing Address

570 W. MT. PLEASANT AVE., #100
LIVINGSTON NJ 07039

3. Date Incorporated or Qualified
09/21/1989

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0153734

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPITAL CONNECTION INC.
417 E. VIRGINIA ST.
SUITE 1
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	P	DELETE
2. STREET ADDRESS	PANTIRER, LARRY	
3. CITY- ST- ZIP	570 W MT PLEASANT AVE100	
4. TITLE	LIVINGSTON NJ	
5. NAME	V	DELETE
6. STREET ADDRESS	BERGMAN, SAMUEL	
7. CITY- ST- ZIP	570 W MT PLEASANT AVE100	
8. TITLE	LIVINGSTON NJ	
9. NAME	T	DELETE
10. STREET ADDRESS	SCHWARTZ, HOWARD	
11. CITY- ST- ZIP	570 W MT PLEASANT AVE100	
12. TITLE	LIVINGSTON NJ	
13. NAME	S	DELETE
14. STREET ADDRESS	PINES, ALAN	
15. CITY- ST- ZIP	570 W MT PLEASANT AVE100	
16. TITLE	LIVINGSTON NJ	
17. NAME	O	DELETE
18. STREET ADDRESS	KATZ, STEVEN	
19. CITY- ST- ZIP	570 W MT PLEASANT AVE100	
20. TITLE	LIVINGSTON NJ	
21. NAME		DELETE
22. STREET ADDRESS		
23. CITY- ST- ZIP		

1. 1. TITLE	Change	Addition
2. 2. NAME		
3. 3. STREET ADDRESS		
4. 4. CITY- ST- ZIP		
5. 5. TITLE	Change	Addition
6. 6. NAME		
7. 7. STREET ADDRESS		
8. 8. CITY- ST- ZIP		
9. 9. TITLE	Change	Addition
10. 10. NAME		
11. 11. STREET ADDRESS		
12. 12. CITY- ST- ZIP		
13. 13. TITLE	Change	Addition
14. 14. NAME		
15. 15. STREET ADDRESS		
16. 16. CITY- ST- ZIP		
17. 17. TITLE	Change	Addition
18. 18. NAME		
19. 19. STREET ADDRESS		
20. 20. CITY- ST- ZIP		

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/92 201-992-2443

Date

Daytime Phone

CR2E034 (12/95)