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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005366 (6)**

1. Corporation Name

CONQUERING AMBASSADOR, INC.

Principal Place of Business

Mailing Address

**240 SW 29TH AVE
FT LAUDERDALE FL 33312**

**240 SW 29TH AVE
FT LAUDERDALE FL 33312**

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

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

24 25 29 30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SMITH, ORTHNIEL M SR
240 SW 29TH AVE
FT LAUDERDALE FL 33312**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Orthniel M. Smith **Orthniel M. Smith**

4th 2nd 98.

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ASST. DIRECTOR** ☒ DELETE

NAME **FRANCIS J. MARONEY**
STREET ADDRESS **3600 S.W. 36th TERR**
CITY-ST-ZIP **PORT LAUDERDALE FLA**

TITLE **SECRETARY** ☒ DELETE

NAME **BERNIE MCCREA**
STREET ADDRESS **1951 S.W. 54th AVE #5**
CITY-ST-ZIP **HOLLYWOOD FLA 33023**

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 **TREASURER** ☒ Change ☒ Addition

1.2 NAME **ROWENA Q. SMITH**
1.3 STREET ADDRESS **240 S.W. 29th AVE**
1.4 CITY-ST-ZIP **PORT LAUDERDALE FLA 33312**

2.1 TITLE **TREASURER** ☐ Change ☒ Addition

2.2 NAME **LYDIA J. SMITH**
2.3 STREET ADDRESS **240 S.W. 29th AVE**
2.4 CITY-ST-ZIP **PORT LAUDERDALE FLA 33312**

3.1 TITLE **SECRETARY** ☐ Change ☒ Addition

3.2 NAME **LUCILLE CHARLES**
3.3 STREET ADDRESS **4751 PETER RD**
3.4 CITY-ST-ZIP **PLANTATION FLA 33317**

4.1 TITLE **T** ☐ Change ☐ Addition

4.2 NAME **JAMES MCCREA**
4.3 STREET ADDRESS **1951 S.W. 54th AVE #5**
4.4 CITY-ST-ZIP **HOLLYWOOD FLA 33023**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **GARY MEWIN**
5.3 STREET ADDRESS **20615 N.W. 23rd AVE**
5.4 CITY-ST-ZIP **OPALOCKA FLA 33056**

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 677, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Orthniel M. Smith**

Orthniel M. Smith **3rd 8th 98** **954-583-9964**

CR2E037 (10/97)