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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90153 073 ****61.25

04-14-1999 90153 074 *****8.75

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005366

1. Corporation Name

CONQUERING AMBASSADOR, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/22/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

APPLIED FOR 65-0903531

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature 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

T ☐ DELETE

**SMITH, ROWENA Q.
240 S.W. 29TH AVE
FT. LAUDERDALE FL 33312**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

DT ☐ DELETE

**SMITH, LYDIA I.
240 S.W. 29TH AVE
FT. LAUDERDALE FL 33312**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

SD ☐ DELETE

**CHARLES, LUCILLE
4751 PETER RD
PLANTATION FL 33317**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

T ☐ DELETE

**MCCREA, JAMES
1951 S.W. 54TH AVE #5
HOLLYWOOD FL 33023**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

D ☐ DELETE

**MEWIN, GARY
20615 N.W. 23 AVE
OPA LOCKA FL 33056**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 954-583-9964

Date

Daytime Phone #

0037325

CR2E037 (11/98)