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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000003038 (5)

1. Corporation Name
ASHTON PARENTS BOOSTERS, INC.



Principal Place of Business Mailing Address
5110 ASHTON ROAD SARASOTA FL 34232

3. Date Incorporated or Qualified
06/22/1995

4. FEI Number
65-0592120

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

DUNCAN, LLOYD K
2193 RINGLING BLVD
SARASOTA FL 34237

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TABAR, CHERYL S	
STREET ADDRESS	5349 OLD RANCH RD.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCFARLANE, SUZIE	
STREET ADDRESS	4721 DUHN DR.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CONNELL, PAT	
STREET ADDRESS	4925 WINTERHAVEN RD.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STOECKLIN, LINDA	
STREET ADDRESS	8757 WILD DUNES DR.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Renda, Karen	
STREET ADDRESS	4649 Meadowview Circle	
CITY-ST-ZIP	SARASOTA, FL 34233	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CONNELL, PAT	
3.3 STREET ADDRESS	4925 WINTERHAVEN RD	
3.4 CITY-ST-ZIP	SARASOTA FL 34232	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Glenda L. Padgett	
4.3 STREET ADDRESS	Rt. 2 Box 708 Sidell Rd	
4.4 CITY-ST-ZIP	Arcadia FL 34266	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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.

SIGNATURE: Glenda L. Padgett Date: 1/28/98 Daytime Phone: 322-1868

CFR2E037 (10/97)