

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 634404 (8)

1. Corporation Name
ARMBRUSTER REALTY, INC.

Principal Place of Business	Mailing Address
1031 W NELSON AVE STE 3 DEFUNIAK SPRINGS FL 32433-0635 US	1031 W NELSON AVE STE 3 DEFUNIAK SPRINGS FL 32433-2064 US



2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 08/30/1979	3a. Date of Last Report 04/23/1996
4. FEI Number 59-1929811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ARMBRUSTER, COLLEEN M
1031 W NELSON AVE STE 3
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Sign and type or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D ARMBRUSTER, EDWARD D
STREET ADDRESS	1031 E NELSON AVE APT C
CITY- ST- ZIP	DEFUNIAK SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	ST ARMBRUSTER, ROSEMARY
STREET ADDRESS	1031 W NELSON AVE APT C
CITY- ST- ZIP	DEFUNIAK SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	P ARMBRUSTER, COLLEEN M.
STREET ADDRESS	35 ARD ST
CITY- ST- ZIP	DEFUNIAK SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	D ARMBRUSTER, MICHAEL A.
STREET ADDRESS	P.O. BOX 635 N/A
CITY- ST- ZIP	DEFUNIAK SPRINGS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D AGRO, JOSEPH W.
STREET ADDRESS	RT 1 BOX 146-B
CITY- ST- ZIP	HOLT FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIRECTOR COLLEEN M. ARMBRUSTER
1.3 STREET ADDRESS	35 ARD ST.
1.4 CITY- ST- ZIP	DEFUNIAK SPRINGS, FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR PATRICIA M. EPPERSON
2.3 STREET ADDRESS	BOX 3445, HWY. 2
2.4 CITY- ST- ZIP	LAUREL HILL, FL 32567
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Colleen M. Armbuster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-97 904-892-2115
Date Daytime Phone #

0054735

CR2E034 (9/96)