

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 634404

1. Corporation Name
ARMBRUSTER REALTY, INC.

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

Mailing Address
PO BOX 635
STE 3
DEFUNIAK SPRINGS FL 32435
US

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90045 011 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1929811	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ARMBRUSTER, COLLEEN M 1031 W NELSON AVE STE 3 DEFUNIAK SPRINGS FL 32433				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	
TITLE	BS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMBRUSTER, EDWARD D	1.2 NAME	
STREET ADDRESS	1031 W NELSON AVE., APTC	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMBRUSTER, ROSEMARY	2.2 NAME	
STREET ADDRESS	1031 W NELSON AVE APT C	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMBRUSTER, COLLEEN M.	3.2 NAME	
STREET ADDRESS	35 ARD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMBRUSTER, MICHAEL A.	4.2 NAME	
STREET ADDRESS	P.O. BOX 635 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMBRUSTER, COLLEEN M.	5.2 NAME	
STREET ADDRESS	35 ARD ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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:

Rosemary Armbuster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/99 (850) 892-2115

CR2F034 (11/98)

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