

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

700001740967
-03/13/96--01027--024
***\$61.25

DOCUMENT # 717725 (6)

1. Corporation Name
ASBURY ARMS, INC.

Principal Place of Business Mailing Address
1430 DIXON BLVD. COCOA FL 32922



3. Date Incorporated or Qualified **12/15/1969** 3a. Date of Last Report **04/04/1995**
4. FEI Number **23-7070334** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 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 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**RITCHIE, GEORGE
412 BREVARD AVE
COCOA FL 32922**

10. Name and Address of New Registered Agent
81 Name **Wooten, Leland W. Jr.**
82 Street Address (P.O. Box Number is Not Acceptable) **412 Brevard Ave.**
83
84 City **Cocoa** FL 85 **32923**

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 *Leland W. Wooten, Jr.* **Leland W. Wooten, Jr., Atty.** DATE **2/20/96**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BUCKNER, MAURICE F.
STREET ADDRESS	6030 RANCHWOOD DR
CITY - ST - ZIP	COCOA FL 32922
TITLE	D <input type="checkbox"/> DELETE
NAME	PETERSON, DIANE
STREET ADDRESS	817 INDIAN RIVER DR
CITY - ST - ZIP	COCOA FL 32922-7530
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, RUBEN
STREET ADDRESS	101 ISLAND GROVE RD
CITY - ST - ZIP	MIAMI FL 32952
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MOREAU, DONALD
STREET ADDRESS	1310 CHERRY HILLS RD
CITY - ST - ZIP	PALM BAY FL 32905
TITLE	D <input type="checkbox"/> DELETE
NAME	SIMPSON, CAROL
STREET ADDRESS	2403 MERCER DR
CITY - ST - ZIP	COCOA FL 32926
TITLE	D <input type="checkbox"/> DELETE
NAME	WEINRICH, EDWARD O.
STREET ADDRESS	3 N. HARDEE CR.
CITY - ST - ZIP	ROCKLEDGE FL 32955

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ivey, Wade A.
1.3 STREET ADDRESS	275 Eagle Lane
1.4 CITY - ST - ZIP	M.I., FL 32953
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Winner, William
2.3 STREET ADDRESS	1002 Barton Blvd.
2.4 CITY - ST - ZIP	Rockledge, FL 32955
3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stephenson, William
3.3 STREET ADDRESS	2540 Fairfield Dr.
3.4 CITY - ST - ZIP	Cocoa, FL 32926
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Megregian, Stephen
4.3 STREET ADDRESS	350 W. Osceola Ln.
4.4 CITY - ST - ZIP	Cocoa Beach, FL 32931
5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Childers, Frank M.
5.3 STREET ADDRESS	1025 Rockledge Dr., #401
5.4 CITY - ST - ZIP	Rockledge, FL 32955
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Woolfe, Robert C.
6.3 STREET ADDRESS	1795 Hidden Lake Drive
6.4 CITY - ST - ZIP	Rockledge, FL 32955

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, 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: *Frank M. Childers* DATE **2/19/96** (407) 632-4943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
Frank M. Childers, Secretary

CR2E037 (12/95)

BOARD OF DIRECTORS

ASBURY ARMS, INC.

MARCH 1996

Title

Name

Address

Director

William R. Heslop

500 Ramsey Lane
M.I., FL 32955