


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717725 (6)

1. Corporation Name
ASBURY ARMS, INC.



Principal Place of Business 1430 DIXON BLVD. COCOA FL 32922	Mailing Address 1430 DIXON BLVD. COCOA FL 32922
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3. Date Incorporated or Qualified 12/15/1969	
4. FEI Number 23-7070334	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**WOOTEN, LELAND W JR.
412 BREVARD AVE.
COCOA FL 32923**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKNER, MAURICE F.	1.2 NAME	
STREET ADDRESS	8030 RANCHWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, DIANE	2.2 NAME	
STREET ADDRESS	817 INDIAN RIVER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922-7530	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDERS, FRANK M	3.2 NAME	
STREET ADDRESS	1025 ROCKLEDGE DR., #401	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVEY, WADE A	4.2 NAME	
STREET ADDRESS	275 EAGLE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	M.J. FL 32953	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, CAROL	5.2 NAME	
STREET ADDRESS	2403 MERCER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINRICH, EDWARD O.	6.2 NAME	
STREET ADDRESS	3 N. HARDEE CR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wade A Ivey 1/26/98 (407) 632-4943

CR2E037 (10/97)

ASBURY ARMS BOARD OF DIRECTORS

NAME AND TITLE	HOME ADDRESS
William R. Winner 1st Vice President	1002 Barton Blvd. Rockledge, FL 32955
William H. Stephenson 2nd Vice President	2540 Fairfield Dr. Cocoa, FL 32926
William R. Heslop Treasurer	3507 Rocky Gap PL Cocoa, FL 32926
Sandra B. Patrick Secretary	2816 Tulane Dr. Cocoa, FL 32926
Rev. Robert W. Atchley Director	3 N. Hardee Cr. Rockledge, FL 32955
William L. Booth Director	1301 Turnberry Ct. Rockledge, FL 32955
Robert C. Woolfe Director	1795 Hidden Lake Dr. Rockledge, FL 32955
Carl C. Russell Director	1493 Rockledge Dr. Rockledge, FL 32955-3719