


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90042 027 ****61.25

0019500

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 717725

1. Corporation Name
ASBURY ARMS, INC.

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/15/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7070334 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WOOTEN, LELAND W JR. 412 BREVARD AVE. COCOA FL 32923		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 checked="" type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCKNER, MAURICE F.	1.2 NAME	Winner, William R.
STREET ADDRESS	6030 RANCHWOOD DR	1.3 STREET ADDRESS	1002 Barton Blvd.
CITY-ST-ZIP	COCOA FL 32922	1.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, CARL C.	2.2 NAME	Heslop, William R.
STREET ADDRESS	1493 ROCKLEDGE DR.	2.3 STREET ADDRESS	3507 Rocky Gap Place
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	Cocoa, FL 32926
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK, SANDRA B.	3.2 NAME	Booth, William L.
STREET ADDRESS	2816 TULANE DRIVE	3.3 STREET ADDRESS	1301 Turnberry Ct.
CITY-ST-ZIP	COCOA FL 32926	3.4 CITY-ST-ZIP	Rockledge, fl 32955-2532
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IVEY, WADE A	4.2 NAME	Dean, Nancy
STREET ADDRESS	275 EAGLE LANE	4.3 STREET ADDRESS	4420 Hartville Ave.
CITY-ST-ZIP	M.I. FL 32953	4.4 CITY-ST-ZIP	Cocoa, FL 32926
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMPSON, CAROL	5.2 NAME	Hawkins, Betty L.
STREET ADDRESS	2403 MERCER DR	5.3 STREET ADDRESS	881 West Port Dr.
CITY-ST-ZIP	COCOA FL 32926	5.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATCHLEY, ROBERT W. REV	6.2 NAME	Woolfe, Robert C.
STREET ADDRESS	3 N. HARDEE CR.	6.3 STREET ADDRESS	1795 Hidden Lake Drive
CITY-ST-ZIP	ROCKLEDGE FL 32955	6.4 CITY-ST-ZIP	Rockledge, FL 32955

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-25-99 407-032-8697
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)