

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 743009 (3)**  
1. Corporation Name  
**ASBURY ARMS EAST, INC.**



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

3. Date Incorporated or Qualified **05/24/1978** 3a. Date of Last Report **04/24/1995**  
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**  
8. 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 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**CHILDERS, FRANK M.  
1430 DIXON BLVD.  
COCOA FL 32922**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **000001740970**  
**-03/13/96-01027-02765** Zip Code  
**\*\*\*61.25 FL**

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

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BUCKNEY, MAURICE G.</b>
STREET ADDRESS	<b>6030 RANCHWOOD DRIVE</b>
CITY-ST-ZIP	<b>COCOA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WEINRICH, EDWARD O.</b>
STREET ADDRESS	<b>3 N. HARDEE CIRCLE</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MORGAN, PEGGY</b>
STREET ADDRESS	<b>2306 MERCER DRIVE</b>
CITY-ST-ZIP	<b>COCOA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HARMON JR., ROBERT L.</b>
STREET ADDRESS	<b>1657 HIGHLAND COURT</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MOREAU, DONALD</b>
STREET ADDRESS	<b>1310 CHERRY HILLS ROAD</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SIMPSON, CAROL</b>
STREET ADDRESS	<b>2403 MERCER DRIVE</b>
CITY-ST-ZIP	<b>COCOA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Buckner, Maurice F.</b>
1.3 STREET ADDRESS	<b>6030 Ranchwood Dr.</b>
1.4 CITY-ST-ZIP	<b>Cocoa, FL 32922</b>
2.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Ivey, Wade A.</b>
2.3 STREET ADDRESS	<b>275 Eagle Lane</b>
2.4 CITY-ST-ZIP	<b>Merritt Island, FL 32953</b>
3.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Megregian, Stephen</b>
3.3 STREET ADDRESS	<b>350 W. Osceola LN</b>
3.4 CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Peterson, Diane</b>
4.3 STREET ADDRESS	<b>817 Indian River Dr.</b>
4.4 CITY-ST-ZIP	<b>Cocoa, FL 32922-7530</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Woolfe, Robert C.</b>
5.3 STREET ADDRESS	<b>1795 Hidden Lake Dr.</b>
5.4 CITY-ST-ZIP	<b>Rockledge, FL 32955</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Heslop, William R.</b>
6.3 STREET ADDRESS	<b>500 Ramsey Lane</b>
6.4 CITY-ST-ZIP	<b>M.I., FL 32952</b>

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. I hereby 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* 2/19/96 (407) 632-4943  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Frank M. Childers, Secretary Date Daytime Phone #

CR2E037 (12/95)

**BOARD OF DIRECTORS**

**ASBURY ARMS  
EAST, INC.**

**MARCH 1996**

**Title**

**Name**

**Home Address**

**1st Vice President**

**William Winner**

**1002 Barton Blvd.  
Rockledge, FL 32955**

**2nd Vice President**

**William Stephenson**

**2540 Fairfield Dr.  
Cocoa, FL 32926**

**Secretary**

**Frank M. Childers**

**1025 Rockledge Dr., #401  
Rockledge, FL 32955**