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FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

**1430 DIXON BLVD.
COCOA FL 32922**

Mailing Address

**1430 DIXON BLVD.
COCOA FL 32922-6470**3. Date Incorporated or Qualified
05/24/19783a. Date of Last Report
03/12/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

23-7070334

Applied For

Not Applicable

City & State

22

City & State

27

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

City & State

23

City & State

286. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

308. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCKNER, MAURICE F	
STREET ADDRESS	8030 RANCHWOOD DRIVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEINRICH, EDWARD O.	
STREET ADDRESS	3 N. HARDEE CIRCLE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHILDERS, FRANK M	
STREET ADDRESS	1025 ROCKLEDGE DR., #401	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	P	<input type="checkbox"/> DELETE
NAME	IVEY, WADE A	
STREET ADDRESS	275 EAGLE LANE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MEGREGIAN, STEPHEN	
STREET ADDRESS	350 W. OSCEOLA LN	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMPSON, CAROL	
STREET ADDRESS	2403 MERCER DRIVE	
CITY-ST-ZIP	COCOA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dixon, Joyce	
1.3 STREET ADDRESS	29 Fairway Dr	
1.4 CITY-ST-ZIP	Cocoa Beach, FL 32931	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Woolfe, Robert C	
2.3 STREET ADDRESS	1795 Hidden Lake Dr	
2.4 CITY-ST-ZIP	Rockledge, FL 32955	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Simpson, Carol	
3.3 STREET ADDRESS	2403 Mercer Dr	
3.4 CITY-ST-ZIP	Cocoa, FL 32926	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Peterson, Diane	
4.3 STREET ADDRESS	817 Indian River Dr	
4.4 CITY-ST-ZIP	Cocoa, FL 32922-7530	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Weinrich, Edward O	
5.3 STREET ADDRESS	3 N. Hardee Cr.	
5.4 CITY-ST-ZIP	Rockledge, FL 32955	
6.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Heslop, William	
6.3 STREET ADDRESS	500 Ramsey Lane	
6.4 CITY-ST-ZIP	M.I., FL 32952	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank M. Childers 1/30/97 (407) 632-4943

Date

Daytime Phone # 0019012

CR2E037 (9/96)