

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED  
Jul 25 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 767688 (5)**  
1. Corporation Name  
**ASGHSMO ASSEMBLY, INCORPORATED**



Principal Place of Business <b>245 HOPSON ROAD P.O. BOX 6 FROSTPROOF FL 33843</b>	Mailing Address <b>245 HOPSON ROAD P.O. BOX 6 FROSTPROOF FL 33843</b>
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**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified <b>03/25/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1733796</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**NELSON, PATRICIA  
170 MIRACLE PLACE  
FROSTPROOF FL 33843**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 PATRICIA NELSON Patricia Nelson DATE 7-21-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>NELSON, JAMES C.</b>
STREET ADDRESS	<b>170 MIRACLE PLACE</b>
CITY-ST-ZIP	<b>FROSTPROOF FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>NELSON, PATRICIA A.</b>
STREET ADDRESS	<b>170 MIRACLE PLACE</b>
CITY-ST-ZIP	<b>FROSTPROOF FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HAMILTON, CAROLYN</b>
STREET ADDRESS	<b>32 ROOSEVELT AVE</b>
CITY-ST-ZIP	<b>FROSTPROOF FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ANDREWS, DARRELL</b>
STREET ADDRESS	<b>10723 GLEN ELLEN</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MILLS, CLARENCE</b>
STREET ADDRESS	<b>30 TEMPLE COURT</b>
CITY-ST-ZIP	<b>FROSTPROOF FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOBBS, JANET</b>
STREET ADDRESS	<b>28 MONROE STREET P.O. BOX 1141</b>
CITY-ST-ZIP	<b>FROSTPROOF FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**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: Patricia Nelson Patricia Nelson DATE: 7-21-97 941 635-2340

CF2E037 (4/97)