



FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N97000000237</b> 1. Corporation Name <b>ABLE BODIES, INC</b>			
Principal Place of Business <b>4410 N. US HWY-1 MELBOURNE, FL 32935</b>		Mailing Address <b>(SAME)</b>	
2. Principal Place of Business 21 <b>4410 N. US HWY-1</b> Suite, Apt. #, etc. 22 _____ City & State 23 <b>MELBOURNE, FL</b> Zip 24 <b>32935</b>		2a. Mailing Address 26 _____ Suite, Apt. #, etc. 27 <b>(SAME)</b> City & State 28 _____ Zip 29 _____ Country 30 _____	
9. Name and Address of Current Registered Agent <b>RICHARD A. DUNSMORE 4410 N. US HWY-1 MELBOURNE, FL 32935</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 _____ 84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PRESIDENT RICHARD A. DUNSMORE 4410 N. US HWY-1 MELBOURNE, FL 32935</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>DIRECTOR FURMAN J. MOORE 470 ISLAND BEACH BLVD MERRIT ISLAND, FL 32952</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VICE PRESIDENT LEE DEL VALLE 5780 KORNIN AVE ROCKLEDGE, FL 32955</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <b>DIRECTOR KEVIN LUNSFORD 4410 N. US HWY-1 MELBOURNE, FL 32935</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SECRETARY SHERRY ST. MARIE 6485 US HWY-1 ROCKLEDGE, FL 32955</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <b>900002227149 -07/01/97--01002--006 ***61.25</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <b>800002227148 -07/01/97--01002--005 ***8.75</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 recorder 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:  <b>RICHARD A. DUNSMORE, PRES</b> 5/6/97 757-0310 Signature and typed or printed name of signing officer or director Date Daytime Phone #			

CR2E037 (9/96)