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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000063880 (7)

1. Corporation Name

ARMBRUSTER PROPERTIES, INC.



Principal Place of Business

P.O. BOX 148
ST. JAMES CITY FL 33956

Mailing Address

P.O. BOX 148
ST. JAMES CITY FL 33956-0148

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

06/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ARMBRUSTER, GEORGE J
2788 8TH AVE.
ST. JAMES CITY FL 33956

10. Name and Address of New Registered Agent

81

Name

DIANE M. ARMBRUSTER

82

Street Address (P.O. Box Number Not Acceptable)

454 E. Palmetto Park Rd.

83

BOCA RATON

84

City

FL

85

Zip Code

33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Diane M. Armbuster* President

1/6/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	ARMBRUSTER, DIANE M	2788 8TH AVE.	ST. JAMES CITY FL 33956	<input type="checkbox"/>
D	ARMBRUSTER, GEORGE J	2788 8TH AVE.	ST. JAMES CITY FL 33956	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2 1 TITLE	2 2 NAME	2 3 STREET ADDRESS	2 4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
3 1 TITLE	3 2 NAME	3 3 STREET ADDRESS	3 4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4 1 TITLE	4 2 NAME	4 3 STREET ADDRESS	4 4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5 1 TITLE	5 2 NAME	5 3 STREET ADDRESS	5 4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6 1 TITLE	6 2 NAME	6 3 STREET ADDRESS	6 4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Diane M. Armbuster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 (561)391-4409

Date

Daytime Phone #

CR2E034 (9/96)