

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000001817 (4)**

1. Corporation Name

AMERICAN BUYING INSURANCE SERVICES, INC.



Principal Place of Business

980 N. MICHIGAN AVE., STE 1400
 CHICAGO IL 60611-4597

Mailing Address

980 N. MICHIGAN AVE., STE 1400
 CHICAGO IL 60611-4597

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/14/1995	3a. Date of Last Report NONE
22. Subj. Apt. #, etc.	27. Subj. Apt. #, etc.	4. FEL Number 36-3894923	Applied For Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHERIDAN, MARC
 801 BRICKELL AVE., STE 944
 MIAMI FL 33131

801

10. Name and Address of ~~Now~~ Registered Agent

81. Name Mr. Marc Sheridan
82. Street Address (P.O. Box Number is Not Acceptable) 801 Brickell Ave., Suite 944
83.
84. City Miami
85. Zip Code FL 33131

11. Pursuant to the provisions of Sections 607.0202 and 607.1504, 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 607.0205, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SHERIDAN, MARC H		2. NAME	
STREET ADDRESS 801 BRICKELL AVE., STE 944	801	3. STREET ADDRESS	
CITY, ST, ZIP MIAMI FL		4. CITY, ST, ZIP	
TITLE VSTD	<input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KURENSKY, BETH S		6. NAME	
STREET ADDRESS 980 N. MICHIGAN AVE., STE 1400		7. STREET ADDRESS	
CITY, ST, ZIP CHICAGO IL		8. CITY, ST, ZIP	
TITLE CD	<input type="checkbox"/> DELETE	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SHERIDAN, ROBERT		10. NAME	
STREET ADDRESS 980 N. MICHIGAN AVE., STE 1400		11. STREET ADDRESS	
CITY, ST, ZIP CHICAGO IL		12. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

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 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: by: **B Kurensky** Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
B. KURENSKY

2/3/1996

312
 214-3900
 Date of Filing

CR2E034 (12/95)