

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUL 27 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F970000 06721**
1. Corporation Name

AMERICAN BUYING RETIREMENT SERVICES, INC.

Principal Place of Business Mailing Address

ONE IBM PLAZA, STE. 2007
CHICAGO, IL 60611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12-17-97

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres. <input type="checkbox"/> DELETE	1.1 TITLE	Asst. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marc Sheridan	1.2 NAME	Kevin R. Roberts
STREET ADDRESS	1111 Kane Concourse	1.3 STREET ADDRESS	103 N. Meridian Street
CITY-STATE-ZIP	Bay Harbor, FL 33154	1.4 CITY-STATE-ZIP	Tallahassee, FL 32301 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V/S <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	Beth Kurensky	2.2 NAME	
STREET ADDRESS	One IBM Plaza, Ste. 2007	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Chicago, IL 60611	2.4 CITY-STATE-ZIP	
TITLE	Treas. <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	Robert Sheridan	3.2 NAME	
STREET ADDRESS	One IBM Plaza, Ste. 2007	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Chicago, IL 60611	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I 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 trustee 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: Kevin R. Roberts Asst. Sec. 7-27-98 222-1173

CR2E034 (10/97)