

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000003121 (9)**

1. Corporation Name

**ABIG-SLC PARENT-TEACHER ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
AMERICAN BANKERS INS. GROUP/PAUL LEACH 11222 QUAIL ROOST DRIVE MIAMI FL 33157	AMERICAN BANKERS INS. GROUP/PAUL LEACH 11222 QUAIL ROOST DRIVE MIAMI FL 33157

3. Date Incorporated or Qualified <b>06/30/1995</b>	3a. Date of Last Report <b>2/1/96</b>
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>ABIG - SLC</b>	26 <b>1195 SW 196 ST</b>	<b>65-0594154</b>	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State <b>MIAMI FL</b>	28 City & State <b>MIAMI FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip <b>33157</b>	25 Country <b>USA</b>	29 Zip <b>33157</b>	30 Country <b>USA</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**LEACH, PAUL**  
AMERICAN BANKERS INSURANCE GROUP  
11222 QUAIL ROOST DRIVE  
MIAMI FL 33157

81 Name <b>LEACH, PAUL</b>	85 Zip Code <b>33157</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1195 SW 196 ST</b>	
83 <b>ABIG - SLC PTA</b>	
84 City <b>MIAMI</b>	85 <b>FL</b>

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: Paul Leach **PAUL LEACH, TREASURER** **2/9/96**  
Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEACH, PAUL</b>	1.2 NAME	<b>Treasurer - D</b>
STREET ADDRESS	<b>11222 QUAIL ROOST DR</b>	1.3 STREET ADDRESS	<b>1195 SW 196 ST</b>
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, ELLEN</b>	2.2 NAME	<b>PRESIDENT - D</b>
STREET ADDRESS	<b>11222 QUAIL ROOST DR</b>	2.3 STREET ADDRESS	<b>1195 SW 196 ST</b>
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>VP - D</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>EVON MORRIS</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>1195 SW 196 ST</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>SECRETARY - D</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>SUZANNE KLEKOTKA</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>1195 SW 196 ST</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>800001862558</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-06/14/96--01077--006</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>***61.25</b>

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

SIGNATURE: Paul Leach **PAUL LEACH, TREASURER** **2/9** **305-253-2244**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)