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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 11195 SW 196TH ST.
11222 QUAIL ROOST DRIVE MIAMI FL 33157
MIAMI FL 33157

3. Date Incorporated or Qualified 06/30/1995
3a. Date of Last Report 06/14/1996

21. Principal Place of Business ABIG-SLC	22a. Mailing Address 11195 SW 196 ST	4. FEI Number 65-0594154	Applied For Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State MIAMI FL	27. City & State MIAMI FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33157	25. Country USA	28. Zip 33157	29. Country USA
30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LEACH, PAUL 11195 SW 196 ST ABIG-SLC PTA MIAMI FL 33157	10. Name and Address of New Registered Agent 81 Name PAUL LEACH 82 Street Address (P.O. Box Number is Not Acceptable) 11195 SW 196 ST 83 ABIG-SLC PTA, INC 84 City MIAMI FL 85 Zip Code 33157
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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 W LEACH, Treasurer DATE 3/21/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LEACH, PAUL 11195 SW 196 ST. MIAMI FL 33157 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JONES, ELLEN 11195 SW 196 ST. MIAMI FL 33157 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORRIS, EVON 11195 SW 196 ST. MIAMI FL 33157 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD MARIANNE PINEDA 11195 SW 196 ST MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KLEKOTKA, SUZANNNE 11195 SW 196 ST. MIAMI FL 33157 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Stacy Robison 11195 SW 196 ST MIAMI FL 33157
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	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input 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 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 W LEACH DATE 2/4/97 DAYTIME PHONE # 305-253-2244

CR2E037 (9/96)