

FILE NOW: FILING FEE IS \$61.25


APPROVED
AND
FILED

98 NOV -2 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998



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
ABIG-SLC 11222 QUAIL ROOST DRIVE MIAMI FL 33157 US
11195 S.W. 196 ST. MIAMI FL 33157 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
06/30/1995
4. FEI Number 65-0594154 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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
LEACH, PAUL
11195 SW 196 ST
ABIG-SLC, DTA,WC
MIAMI FL 33157

10. Name and Address of New Registered Agent
81 Name Debra Platt
82 Street Address (P.O. Box Number is Not Acceptable) 9470 SW 80 ST
83
84 City Miami FL 85 Zip Code 33173

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 *Debra Platt* Treasurer "97-98 10/14/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEACH, PAUL	
STREET ADDRESS	11195 SW 196 ST.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, ELLEN	
STREET ADDRESS	11195 SW 196 ST.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PINEDA, MARIANNE	
STREET ADDRESS	11195 S.W. 196 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROBISON, STACY	
STREET ADDRESS	11195 SW 196 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Debra Platt	
1.3 STREET ADDRESS	9470 SW 80 ST	
1.4 CITY-ST-ZIP	MIAMI FL 33173	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Betsy Sharp	
2.3 STREET ADDRESS	11925 SW 89 AVE	
2.4 CITY-ST-ZIP	MIAMI FL 33176	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Debbie Balchen	
3.3 STREET ADDRESS	14615 SW 139 CT	
3.4 CITY-ST-ZIP	MIAMI FL 33186	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Laurie May	
4.3 STREET ADDRESS	14740 SW 159 ST	
4.4 CITY-ST-ZIP	MIAMI FL 33187	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 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: *Debra Platt* REQUIRED 6/12/98 (305) 252-6983
Signature and typed or printed name of signing officer or director

CR2E037 (10/97)

400002684564--0
-11/10/98--01054--019
*****61.25 *****61.25