


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90070 017 ****61.25

0032675

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N95000003121

1. Corporation Name
ABIG-SLC PARENT-TEACHER ASSOCIATION, INC.

155130 90070 17

Principal Place of Business ABIG-SLC 11222 QUAIL ROOST DRIVE MIAMI FL 33157 US	Mailing Address 11195 S.W. 196 ST. MIAMI FL 33157 US
--	---



2. Principal Place of Business 21 1195 SW 196 ST Suite, Apt. #, etc. 22	Za. Mailing Address 26 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 06/30/1995	4. FEI Number 65-0594154 Applied For Not Applicable
23 City & State MIAMI FL Zip 33157 Country USA	28 City & State Zip Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent PLATT, DEBRA 9470 S.W. 80TH ST. MIAMI FL 33173	10. Name and Address of New Registered Agent 81 Name Wendy Lyn 82 Street Address (P.O. Box Number is Not Acceptable) 14650 SW 141 PLACE 83 84 City MIAMI FL 85 Zip Code 33186
---	--

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 Wendy Lyn WENDY LYN 1/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PLATT, DEBRA 9470 S.W. 80TH ST. MIAMI FL 33173 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TD Lyn, Wendy 14650 SW 141 PLACE MIAMI, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARP, BETSY 11925 S.W. 89TH AVE. MIAMI FL 33176 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD Betsy Sharp 11925 SW 89 Ave Miami FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALCHUN, DEBBIE 14615 S.W. 139TH CT. MIAMI FL 33186 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD Elaine Robinson 7815 SW 140 Ave Miami, FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAY, LAURIE 14740 S.W. 159TH ST. MIAMI FL 33187 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD Vicki Hernandez 14450 SW 289 St Leisure City FL 33033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: Betsy Sharp SIGNATURE REQUIRED Slomp 1/21/99 (505) 253-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)