

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P34689 (0)

1. Corporation Name

AMERICAN AUTO CLUB ASSOCIATION, INC.



Principal Place of Business

**941 "O" ST. SUITE 1010
TERMINAL BLDG.
LINCOLN NE 68508-3625**

Mailing Address

**941 "O" ST. SUITE 1010
TERMINAL BLDG.
LINCOLN NE 68508-3625**

3. Date Incorporated or Qualified
07/08/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21. **American Auto Club Association,**

22. Suite, Apt. #, etc.
927 M Street

23. City & State
Lincoln, NE

24. Zip
68508

25. Country

2a. Mailing Address

21a. **American Auto Club Asso., Inc.**

22. Suite, Apt. #, etc.
927 M Street

23. City & State
Lincoln, NE

24. Zip
68508

25. Country

4. FEI Number
47-0698618

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**HELMS, EDWARD ARNOLD
RT 1 BOX 1462
PONCE DE LEON FL 32455**

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 607.1502, 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

Signature of Corporation (to be filled in by the filer)

Signature of Registered Agent (to be filled in by the filer)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MUSIEL, DAVID	
STREET ADDRESS	19101 S 96TH HICKMAN NE	
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, REGINALD	
STREET ADDRESS	7629 MEREDITH AVE OMAHA NE	
CITY - ST - ZIP		
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	FORTIN, MARY	
STREET ADDRESS	700 APPLEWOOD EAGLE NE	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST
3.3 STREET ADDRESS	Deborah L. Pasika 5555 Canterbury Lane Lincoln, NE 68512
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Deborah L. Pasika*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sec. - Treas.

Deborah L. Pasika, Sec.-Treas.

4/25/96 (402) 477-7006

CR2E034 (12/95)