

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000001817 (4)**

1. Corporation Name

AMERICAN BUYING INSURANCE SERVICES, INC.



Principal Place of Business

980 N. MICHIGAN AVE., STE 1400
 CHICAGO IL 60611-4597

Mailing Address

980 N. MICHIGAN AVE., STE 1400
 CHICAGO IL 60611-4597

2. Principal Place of Business

2a. Mailing Address

21. Subj. Apt. #, etc.

26. Subj. Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

SHERIDAN, MARC
 801 BRICKELL AVE., STE 944
 MIAMI FL 33131

801

3. Date Incorporated or Qualified
04/14/1995

3a. Date of Last Report
NONE

4. FEL Number

36-3894923

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

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

Yes No

10. Name and Address of ~~Now~~ Registered Agent

81. Name **Mr. Marc Sheridan**
 82. Street Address (P.O. Box Number is Not Acceptable) **801 Brickell Ave., Suite 944**
 83.
 84. City **Miami** FL 85. Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0202 and 607.1504, 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 607.0205, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHERIDAN, MARC H	801
STREET ADDRESS	801 BRICKELL AVE., STE 944	
CITY, ST, ZIP	MIAMI FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	KURENSKY, BETH S	
STREET ADDRESS	980 N. MICHIGAN AVE., STE 1400	
CITY, ST, ZIP	CHICAGO IL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SHERIDAN, ROBERT	
STREET ADDRESS	980 N. MICHIGAN AVE., STE 1400	
CITY, ST, ZIP	CHICAGO IL	
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

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: by: **B Kurensky** Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
B. KURENSKY

2/3/196
312 214-3900
 Date of Filing

CR2E034 (12/95)