



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000006721 1. Corporation Name AMERICAN BUYING RETIREMENT SERVICES, INC.		

FILED
 08-11-1999 90006 037 ***550.00
 99 SEP 17 AM 10: 52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


Principal Place of Business ONE IBM PLAZA - SUITE 2007 CHICAGO IL 60611	Mailing Address ONE IBM PLAZA - SUITE 2007 CHICAGO IL 60611
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1997	4. FEI Number 364034035	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 330 WABASH AVE
22. City & State	27. # 2007
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City FL 85. Zip Code

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City FL 85. Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	P SHERIDAN, MARC	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1111 KANE CONCOURSE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL 33154	1.4 CITY-ST-ZIP	
	VS KURENSKY, BETH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE IBM PLAZA, SUITE 2007	2.2 NAME	
CITY-ST-ZIP	CHICAGO IL 60611	2.3 STREET ADDRESS	
	T SHERIDAN, ROBERT	2.4 CITY-ST-ZIP	
STREET ADDRESS	ONE IBM PLAZA, SUITE 2007	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CHICAGO IL 60611	3.2 NAME	
	SEE ATTACHED LIST	3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Deletion
		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as a registered agent with an address.

SIGNATURE: *M. Sheridan* **DATE REQUIRED** 1/22/99 305-867-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

F97000006721
604321-90006-37

BOARD OF DIRECTORS

ABRS

Robert Sheridan,
Chairman
330 N. Wabash Avenue
Suite 2007
Chicago, IL 60611

Beth Sheridan Kurensky
Executive Vice President and Secretary
330 N. Wabash Avenue
Suite 2007
Chicago, IL 60611

Marc Sheridan
President
1111 Kane Concourse
Suite 411
Bay Harbor, FL 33154

John Jarboe
Director
Pacific Life Insurance Co.
700 Newport Ctr., Drive 4th fl.
Newport, CA 92660

Sol Zuckerman
Director
2121 Ponce De Leon
Suite #1100
Coral Gables, FL 33134

