

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 AMERICAN BANKERS INS. GROUP/PAUL LEACH 11222 QUAIL ROOST DRIVE MIAMI FL 33157	Mailing Address 11195 SW 196TH ST. MIAMI FL 33157-8305
---	--

3. Date Incorporated or Qualified 06/30/1995	3a. Date of Last Report 06/14/1996
--	--

2. Principal Place of Business 21 ABIG-SLC	2a. Mailing Address 26 11195 SW 196 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33157	Country 25 USA
Country 29 USA	Zip 30 33157

4. FEI Number 65-0594154	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

10. Name and Address of New Registered Agent
81 Name **PAUL LEACH**
82 Street Address (P.O. Box Number is Not Acceptable)
11195 SW 196 ST
83 **ABIG-SLC PTA, INC**
84 City **MIAMI FL** 85 Zip Code **33157**

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: *Paul Leach* **PAUL W LEACH, Treasurer** DATE: **3/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEACH, PAUL	1.2 NAME	
STREET ADDRESS	11195 SW 196 ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33157	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ELLEN	2.2 NAME	
STREET ADDRESS	11195 SW 196 ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33157	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, EVON	3.2 NAME	MARIANNE PINEDA
STREET ADDRESS	11195 SW 196 ST.	3.3 STREET ADDRESS	11195 SW 196 ST
CITY - ST - ZIP	MIAMI FL 33157	3.4 CITY - ST - ZIP	MIAMI FL 33157
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEKOTKA, SUZANNNE	4.2 NAME	Stacy Robison
STREET ADDRESS	11195 SW 196 ST.	4.3 STREET ADDRESS	11195 SW 196 ST
CITY - ST - ZIP	MIAMI FL 33157	4.4 CITY - ST - ZIP	MIAMI FL 33157
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Paul Leach* **PAUL LEACH** DATE: **2/4/97** DAYTIME PHONE: **305-253-2244**

CR2E037 (9/96)