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Jan 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 # **P16464** (0)

1. Corporation Name

**AMERICAN SMALL BUSINESSES ASSOCIATION INC.**

Principal Place of Business

Mailing Address

**206 E. COLLEGE AVENUE  
GRAPEVINE TX 76051**

**206 E. COLLEGE AVENUE  
GRAPEVINE TX 76051-5364**



3. Date Incorporated or Qualified  
**10/21/1987**

3a. Date of Last Report  
**01/29/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 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

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	PD	<input type="checkbox"/> DELETE
NAME	<b>HYNES RICHARD</b>	
STREET ADDRESS	<b>303 N. MAIN ST.</b>	
CITY-ST-ZIP	<b>ROCKFORD IL 61101</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>HILL BILL SR.</b>	
STREET ADDRESS	<b>11511 S. FIFTH PLACE</b>	
CITY-ST-ZIP	<b>JENKS OK 74037</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>FRYMIRE, NEVA</b>	
STREET ADDRESS	<b>2622 BRIARWOOD</b>	
CITY-ST-ZIP	<b>GRAPEVINE TX 76051</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>ARAMOVICH FERDINAND COL.</b>	
STREET ADDRESS	<b>5749 BERWICK PLACE</b>	
CITY-ST-ZIP	<b>ROCKFORD IL 61107</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>FOXMAN, RALPH</b>	
STREET ADDRESS	<b>7200 WISCONSIN AVE #800</b>	
CITY-ST-ZIP	<b>BETHESDA MD</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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** *Neva Frymire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

817-488-8770

CR2E037 (9/96)