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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16464

1. Corporation Name

AMERICAN SMALL BUSINESSES ASSOCIATION INC.

Principal Place of Business
206 E. COLLEGE AVENUE
GRAPEVINE TX 76051

Mailing Address
206 E. COLLEGE AVENUE
GRAPEVINE TX 76051



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

10/21/1987
4. FEI Number
36-3252864
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
Trust Fund Contribution

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	HYNES RICHARD	
STREET ADDRESS	303 N. MAIN ST.	
CITY-ST-ZIP	ROCKFORD IL 61101	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	HILL BILL SR.	
STREET ADDRESS	11511 S. FIFTH PLACE	
CITY-ST-ZIP	JENKS OK 74037	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRYMIRE, NEVA	
STREET ADDRESS	2622 BRIARWOOD	
CITY-ST-ZIP	GRAPEVINE TX 76051	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARAMOVICH FERDINAND COL.	
STREET ADDRESS	5749 BERWICK PLACE	
CITY-ST-ZIP	ROCKFORD IL 61107	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILL, ROY E	
STREET ADDRESS	7238 E MONTEBELLO AVE	
CITY-ST-ZIP	SCOTTSDALE AZ 85250	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Executive Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President/Director	<input checked="" 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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director/Secretary	<input checked="" 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 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, with all other like empowered.

SIGNATURE: *Neva Frymire* Director/Treasurer 1-22-99

817-488-8770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)