FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:12

DOCUMENT # **P29260** **(7)**

1. Corporation Name
AMERICAN ASSOCIATION FOR CONSUMER BENEFITS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 100279 FORT WORTH TX 76185	P.O. BOX 100279 FORT WORTH TX 76185

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 75-2287196 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☐ Change	XX Addition
NAME	LAVINE, DAVID M.	12 NAME		
STREET ADDRESS	3854 OVERTON PARK W	13 STREET ADDRESS		
CITY-ST-ZIP	FT WORTH TX	14 CITY-ST-ZIP	76109	
TITLE	VD	21 TITLE	☐ Change	XX Addition
NAME	JOHNSON, JERRY K.	22 NAME		
STREET ADDRESS	4345 WHITFIELD	23 STREET ADDRESS		
CITY-ST-ZIP	FT WORTH TX	24 CITY-ST-ZIP	76109	
TITLE	D	31 TITLE	☐ Change	XX Addition
NAME	KIRKMAN, WILLIAM L.	32 NAME		
STREET ADDRESS	2340 WINTON TERRACE W	33 STREET ADDRESS		
CITY-ST-ZIP	FT WORTH TX	34 CITY-ST-ZIP	76109	
TITLE	STD	41 TITLE	S/D XX Change	☐ Addition
NAME	JOYNER, DEBRA K.	42 NAME	DAVIS, CHRISTY R.	
STREET ADDRESS	2701 WHITE OAK	43 STREET ADDRESS	4206 Blackstone	
CITY-ST-ZIP	GRAND PRAIRIE TX	44 CITY-ST-ZIP	Fort Worth, TX 76114	
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Christy R. Davis Christy R. Davis, Sec-Treas 3/6/95 817-737-6395
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0074775