

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29260 (7)
1. Corporation Name
AMERICAN ASSOCIATION FOR CONSUMER BENEFITS, INC.



Principal Place of Business P.O. BOX 100279 FORT WORTH TX 76185	Mailing Address P.O. BOX 100279 FORT WORTH TX 76185-0279
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/04/1990	3a. Date of Last Report 03/11/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 75-2287196	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAVINE, DAVID M.			1.2 NAME			
STREET ADDRESS	3854 OVERTON PARK W			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT WORTH TX			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, JERRY K.			2.2 NAME			
STREET ADDRESS	4345 WHITFIELD			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT WORTH TX			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKMAN, WILLIAM L.			3.2 NAME			
STREET ADDRESS	2340 WINTON TERRACE W			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT WORTH TX			3.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAYLOR, LINDA K.			4.2 NAME			
STREET ADDRESS	6513 MELWOOD #2131			4.3 STREET ADDRESS			
CITY-ST-ZIP	FORT WORTH TX			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	PR		
STREET ADDRESS				5.3 STREET ADDRESS	Allen S. Kent		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	3909 Hulen St, Ste 400 FORT WORTH, TX 76104		
TITLE		<input type="checkbox"/> DELETE		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: *[Signature]* SEC/TREAS 1/30/97 (817)732-0657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076308

CR2E037 (9/96)