

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
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3. Date Incorporated or Qualified <b>05/04/1990</b>	
4. FEI Number <b>75-2287196</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	LAVINE, DAVID M.
STREET ADDRESS	3854 OVERTON PARK W
CITY-ST-ZIP	FT WORTH TX
TITLE	VD <input type="checkbox"/> DELETE
NAME	JOHNSON, JERRY K.
STREET ADDRESS	4246 WHITFIELD
CITY-ST-ZIP	FT WORTH TX
TITLE	D <input type="checkbox"/> DELETE
NAME	KIRKMAN, WILLIAM L.
STREET ADDRESS	2340 WINTON TERRACE W
CITY-ST-ZIP	FT WORTH TX
TITLE	ST <input type="checkbox"/> DELETE
NAME	BAYLOR, LINDA K.
STREET ADDRESS	6513 MELWOOD #2131
CITY-ST-ZIP	FORT WORTH TX
TITLE	PD <input type="checkbox"/> DELETE
NAME	ALLEN S KENT
STREET ADDRESS	3909 HULEN ST STE 400
CITY-ST-ZIP	FORT WORTH TX
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3801 Hulen Street
1.4 CITY-ST-ZIP	FT. Worth, TX 76107
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3801 Hulen Street
2.4 CITY-ST-ZIP	FT. Worth, TX 76107
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3801 Hulen Street
3.4 CITY-ST-ZIP	FT. Worth, TX 76107
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3801 Hulen Street
4.4 CITY-ST-ZIP	FT. Worth, TX 76107
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	3801 Hulen Street
5.4 CITY-ST-ZIP	FT. Worth, TX 76107
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.

SIGNATURE: *Sandra B. Mortham* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 01/14/98 (817) 737-6395  
Date Daytime Phone # 0022027

CR2E037 (10/97)