

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90126 026 ****70.00

008217

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P29260

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
---	---



2. Principal Place of Business 21 3801 Hulen Street Suite, Apt. #, etc.	2a. Mailing Address 26 3801 Hulen Street Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/04/1990
22	27	4. FEI Number 75-2287196 Applied For Not Applicable
23 City & State Ft. Worth, TX	28 City & State Ft. Worth, TX	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 76107 25 Country	29 Zip 76107 30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 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 P/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAVINE, DAVID M.		1.2 NAME James Redmond	
STREET ADDRESS 3801 HULEN ST.		1.3 STREET ADDRESS 3801 Hulen Street	
CITY-ST-ZIP FT WORTH TX 76107		1.4 CITY-ST-ZIP Fort Worth, TX 76107	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, JERRY K.		2.2 NAME Robert Link	
STREET ADDRESS 3801 HULEN ST.		2.3 STREET ADDRESS 3801 Hulen Street	
CITY-ST-ZIP FT WORTH TX 76107		2.4 CITY-ST-ZIP Fort Worth, TX 76107	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRKMAN, WILLIAM L.		3.2 NAME Gregg Sunfield	
STREET ADDRESS 3801 HULEN ST.		3.3 STREET ADDRESS 3801 Hulen Street	
CITY-ST-ZIP FT WORTH TX 76107		3.4 CITY-ST-ZIP Ft. Worth, TX 76107	
TITLE ST	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAYLOR, LINDA K.		4.2 NAME David Willimas	
STREET ADDRESS 3801 HULEN ST.		4.3 STREET ADDRESS 3801 Hulen Street	
CITY-ST-ZIP FORT WORTH TX 76107		4.4 CITY-ST-ZIP Ft. Worth, TX 76107	
TITLE PD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLEN S KENT		5.2 NAME	
STREET ADDRESS 3801 HULEN ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP FORT WORTH TX 76107		5.4 CITY-ST-ZIP	
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 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: *David Willimas* **SIGNATURE REQUIRED** 1-19-99 (817) 732-0657
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)