


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26 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 # <b>P30911</b> 1. Corporation Name <b>AMERICAN BUSINESS COALITION, INC.</b>	<b>(2)</b>
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Principal Place of Business <b>2121 PRECINCT LINE HURST TX 76054</b>	Mailing Address <b>2121 PRECINCT LINE HURST TX 76054</b>
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3. Date Incorporated or Qualified <b>09/13/1990</b>
4. FEI Number <b>75-2274940</b>
Applied For Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input 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

9. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>
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10. Name and Address of New Registered Agent  <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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	PD	1.1 TITLE	ASD
NAME	JEFF JENSEN	1.2 NAME	LOU ANNE KING JENSEN
STREET ADDRESS	2121 PRECINCT LINE RD.	1.3 STREET ADDRESS	2121 PRECINCT LINE RD.
CITY-ST-ZIP	HURST TX	1.4 CITY-ST-ZIP	HURST, TX 76054
TITLE	D	2.1 TITLE	S
NAME	KUCACK, LISA	2.2 NAME	MELISSA CLARK
STREET ADDRESS	801 LEGACY DR 211	2.3 STREET ADDRESS	2121 PRECINCT LINE RD.
CITY-ST-ZIP	PLANO TX	2.4 CITY-ST-ZIP	HURST, TX 76054
TITLE	VPT	3.1 TITLE	
NAME	BASS, JANET	3.2 NAME	
STREET ADDRESS	2121 PRECINCT LINE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HURST TE	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	CRABTREE, MARY	4.2 NAME	
STREET ADDRESS	2121 PRECINCT LINE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HURST TE	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	JENSEN, JEFF	5.2 NAME	
STREET ADDRESS	2121 PRECINCT LINE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HURST TX	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.
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SIGNATURE: \_\_\_\_\_ 2/19/98 817/468-4302

CR2E037 (10/97)