


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90023 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P35015

1. Corporation Name
AMERICAN BUSINESS AND CONSUMERS ADVISORY ASSOCIATION INC.

Principal Place of Business: P.O. BOX 40672 INDIANAPOLIS IN 46240
 Mailing Address: P.O. BOX 40672 INDIANAPOLIS IN 46240



21	2. Principal Place of Business 9820 Westpoint Dr #300 Suite, Apt. #, etc.	26	2a. Mailing Address 9820 Westpoint Dr #300 Suite, Apt. #, etc.	3.	Date Incorporated or Qualified 08/08/1991
22	22 Indianapolis IN	27	27 Indianapolis IN	4.	FEI Number 35-1742793
23	23 46256	28	28 46256	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	24	29	29	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				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Patricia H. Seeley* DATE: 7-21-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEELEY, PATRICIA	1.2 NAME	
STREET ADDRESS	35 LIONS CR. CT. SO	1.3 STREET ADDRESS	
CITY-ST-ZIP	NOBLESVILLE IN	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LOWELL	2.2 NAME	
STREET ADDRESS	1106 N. MERIDIAN #102	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANDERSON IN	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE, CHERYL A.	3.2 NAME	
STREET ADDRESS	4159 S. RIDGEVIEW ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANDERSON IN	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, MICHAEL	4.2 NAME	
STREET ADDRESS	2202 SKYHAWK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WAYNE IN	4.4 CITY-ST-ZIP	
TITLE	A <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATISHALL, JERRY	5.2 NAME	
STREET ADDRESS	915 JACKSON	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANDERSON IN	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: *Patricia H. Seeley* **REQUIRED** DATE: 7-21-99 317.598.9210

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

CR2E037 (5/99)