

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 25 1996 8:00 am
Secretary of State

DOCUMENT # P95000004452 (5)
1. Corporation Name

ALTERNATIVE TRANSPORTATION PROVIDERS INSURANCE AGENCY, INC.



Principal Place of Business: 930 S. HARBOR CITY BLVD. SUITE 402 MELBOURNE FL 32901
Mailing Address: 930 S. HARBOR CITY BLVD. SUITE 402 MELBOURNE FL 32901

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

3. Date Incorporated or Qualified: 01/10/1995
3a. Date of Last Report: 01/10/1995
4. FEI Number: 59-3286495
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [] No []

9. Name and Address of Current Registered Agent: ANDERSON, PATRICK J, 930 S. HARBOR CITY BLVD. SUITE 505 MELBOURNE FL 32901

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [] DELETE	11 TITLE	[] Change [] Addition
NAME	LOVE, RICHARD P JR	12 NAME	
STREET ADDRESS	930 S. HARBOR CITY BLVD.	13 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32901	14 CITY - ST - ZIP	
TITLE	D [] DELETE	21 TITLE	[] Change [] Addition
NAME	TOOLEY, DAVID R	22 NAME	
STREET ADDRESS	930 S. HARBOR CITY BLVD.	23 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32901	24 CITY - ST - ZIP	
TITLE	D [] DELETE	31 TITLE	[] Change [] Addition
NAME	LAVIN, JOHN P	32 NAME	
STREET ADDRESS	114-04 BEACH CHANNEL DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	ROCKAWAY PARK NY 11694	34 CITY - ST - ZIP	
TITLE	[] DELETE	41 TITLE	[] Change [] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	[] DELETE	51 TITLE	[] Change [] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	[] DELETE	61 TITLE	[] Change [] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: David R. Tooley June 21, 1996 407-984-8870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)