

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
***ANNUAL REPORT**
1997



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

DOCUMENT # P95000004452 (5)

1. Corporation Name
ALTERNATIVE TRANSPORTATION PROVIDERS INSURANCE AGENCY, INC.



Principal Place of Business
830 S. HARBOR CITY BLVD.
SUITE #02
MELBOURNE FL 32901

Mailing Address
830 S. HARBOR CITY BLVD.
SUITE 402
MELBOURNE FL 32901-1866

3. Date Incorporated or Qualified **01/10/1995** 3a. Date of Last Report **06/25/1996**
 4. FEI Number **59-3286495** Applied For Not Applicable
 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, PATRICK J
830 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE

NAME **LOVE, RICHARD P JR**
 STREET ADDRESS **830 S. HARBOR CITY BLVD.**
 CITY-ST-ZIP **MELBOURNE FL 32901**

1.1 TITLE **D** Change Addition

1.2 NAME **LOVE, RICHARD P., JR.**
 1.3 STREET ADDRESS **6164 MINTON ROAD, N.W.**
 1.4 CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE **D** DELETE

NAME **TOOLEY, DAVID R**
 STREET ADDRESS **830 S. HARBOR CITY BLVD.**
 CITY-ST-ZIP **MELBOURNE FL 32901**

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **D** DELETE

NAME **LAVIN, JOHN P**
 STREET ADDRESS **114-04 BEACH CHANNEL DRIVE**
 CITY-ST-ZIP **ROCKAWAY PARK NY 11664**

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

RICHARD P. LOVE, JR.

11-28-97

1-07-98-8870

CR2E034 (9/96)