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Feb 11 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 # 434504 (7)
1. Corporation Name
ATLANTIC CASUALTY INSURANCE SERVICES, INC.



Principal Place of Business: 1832 NE 163RD ST. NO. MIAMI BEACH FL 33162-4867
Mailing Address: 1832 NE 163RD ST. NO. MIAMI BEACH FL 33162-4867

3. Date Incorporated or Qualified: 09/07/1973
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 3559 WOODMOOR DR, Suite, Apt. #, etc. 22
2a. Mailing Address: 26 3559 WOODMOOR DR, Suite, Apt. #, etc. 27
City & State: 23 OXFORD OH, 28 OXFORD OH
Zip: 24 45056, Country: 25 Butler, 29 45056, 30 Butler

4. FEI Number: 59-1573842
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

9. Name and Address of Current Registered Agent: ADELMAN, SAUL, 653 N.E. 204TH LANE, MIAMI FL 33179
10. Name and Address of New Registered Agent: 81 Name: MARY M. GAMBLE, 82 Street Address: 1832 N.E. 163 ST, 83, 84 City: No. MIAMI BEACH, FL, 85 Zip Code: 33162

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: *Mary M. Gamble* 2-5-97 DATE: 2-5-97

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names and addresses of Saul A. Adelman, Leonard H. Adelman, Edwin S. Pannebaker, and Mary M. Gamble, along with new additions Linda Winick and Saul W. Adelman.

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 receiver 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: *Saul W. Adelman* SAUL W. ADELMAN 1/31/97 513 523-6624

CR2E034 (9/96)