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

PROFIT CORPORATION ANNUAL REPORT

1997

COTY - ST - ZIP

SIGNATURE

appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 434504

(7)

ATLANTIC CASUALTY INSURANCE SERVICES, INC.

Principal Piace	of Business	Mailing Address		1 (MBEL) BIBBB billi alant delir abert bin, dint dent beit arter dent anni: anni	
1832 NE 163RD NO. MIAMI BEA) ST. ACH FL 33162 -48 67	1632 NE 163RD ST. NO. MIAMI BEACH FL 33162-4967			
				3. Date Incorporated or Qualified 09/07/1973	3a, Date of Last Report 05/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FÉI Number	Applied For
21 355 9			HOOR DR	59-1573842	Not Applicable
Suite, Apt 1	#, etc	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6 Stanting Company Floraging	
		28 OXFORD	OH	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 OXF	Country	7(p	Country	8. This corporation has liability for in	
24 4505		29 45056 30	Butler		Yes No
	9. Name and Address of Current	. L L Z	- 1 "	10. Name and Address of New Reg	istered Agent
ADELMAN, SAUL				ARY M. GAMBLE	
	N.E. 204TH LANE		82 Street And	ress (P.O. Box Number is Not Acceptable	e)
MIAMI FL 33179			183	ress (P.O. Box Number is Not Acceptable 163 ST	
			83		
			84 City		85 Zip Code
			No. 1	Miami BEACH	FL 33762
11, Pursuant t	to the provisions of Sections 607 0502 enjetored arient, or both, in the State of	and 607.1508, Florida Statutes, If Florida, Such change was auth	the above-named corp porized by the corporat	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered I the appointment as registered
agent. I a	m familiar with, and iccept the obligat	ions of, Section 607.0505, Florid	ia Statutes.	tion's board of directors. I hereby accept	
SIGNATURE.	-Mary IN L	Tanue	2-5-	97	www.mashama
	Signature Typied op by Word name by registered agent OFFICERS AND		egistered Agent signature requi	red when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE .
12. TOLE	PD OFFICERS AND	DELETE	11 TITLE	n N	Change Addition
	ADELMAN, SAUL A.		12 NAME	SAUL W. HUELMAN	
NAME OZDECE ADDRECES	653 NE 204TH LANE		1.3 STREET ADDRESS	1559 WOODMOOR DR.	
STREET ADDRESS	MIAMI FL		1301122111201120	OKFORD, OH 4505	6
CITY - \$1 - 7IP TITLE	VDM	DELETE	1.4 CITY - ST - ZIP	<u> </u>	Change Addition
NAME	ADELMAN, LEONARD H.		2.2 NAME	UINICK, LINDA HAMPSTEAD RD	
STREET ADDRESS	653 NE 204TH LANE	,	2.3 STREET ADDRESS: 4	HAMPSTEAD RD	
- ""	MIAMI FL		2.4 CITY-ST-ZIP	SHEVILL, NC 2880	9 4
CHY+ST-ZIP 117LE	ST	XI DELETE	3.1 TITLE		Change Addition
NAME	PANNEBAKER, EDWIN S.	4	3.2 NAME		
STREET ADDRESS	3980 SW 4TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	rail de	3.4. CITY-ST-ZIP	•	
THE	ATD	DELETE	4.1 TITLE		Change Addition
NAME	GAMBLE, MARY M.		4. 2 NAME		•
STREET ADDRESS	6267 SW 18TH ST.	,	4.3 STREET ADDRESS		
CHTY-ST ZIP	MIRAMAR FL	*	4.4 CITY-ST-ZIP		·
TifLE		DELETE	5.1 TITLE		Change Addition
NAME.			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-7:P			54 CITY - ST - ZIP	•	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	•	
STREET ADDRESS			63 STREET ADDRESS	•	

64 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name