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Feb 06 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 # 803467 (0)
1. Corporation Name
ATLANTA INTERNATIONAL INSURANCE COMPANY

Principal Place of Business Mailing Address
3715 NORTHSIDE PKWY. NW #750 (30327) 3715 NORTHSIDE PKWY. NW #750 (30327)
P.O. BOX 19796 P.O. BOX 19796
ATLANTA GA 30325 ATLANTA GA 30325-0796



3. Date Incorporated or Qualified 03/04/1929 3a. Date of Last Report 04/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	13-2668999	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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

Sign above, typed in place of 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D VALENTINE, THOMAS, A	1.2 NAME	
STREET ADDRESS	485 RAMSDALE DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	ROSWELL GA	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PDC GOUGH, MICHAEL J.	2.2 NAME	
STREET ADDRESS	3573 KNOLLWOOD DR., NW	2.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD JACOBUS, PETER J.	3.2 NAME	
STREET ADDRESS	3672 STONELAKE CT	3.3 STREET ADDRESS	
CITY- ST- ZIP	LILBURN GA	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VTSD MURPHY, MICHAEL J.	4.2 NAME	
STREET ADDRESS	835 MARBROOK DR.	4.3 STREET ADDRESS	
CITY- ST- ZIP	LAWRENCEVILLE GA	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V TUCKER, C. STACEY	5.2 NAME	
STREET ADDRESS	4800 OVERLAND DR.	5.3 STREET ADDRESS	
CITY- ST- ZIP	POWDER SPRINGS GA	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BUTTRAM, JOHN	6.2 NAME	
STREET ADDRESS	4257 HIDDEN MEADOW	6.3 STREET ADDRESS	
CITY- ST- ZIP	SUGAR HILL GA	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 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:

Michael J. Gough, Pres.

1/24/97

404/240-5367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)