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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846952

(0)

ATLANTA INSURANCE BROKERS, INC.

3169 HOLCOMB BRIDGE RD.	3169 HOLCOMB BRIDGE RD.
NORCROSS GA 30071	NORCROSS GA 30071-1315
Principal Place of Business	Mailing Address

FILED Mar 14 1997 8:00am Secretary of State



					3. Date incorporated or Qualified	3a. Date of Last Report	
9 Principal F	Place of Business	2a. Mailing Address			09/15/1980 4. FEI Number	03/07/1996	
21 Principair	Flace of business					Applied For	
Suite, Apt	# etc	Suite, Apt. #, etc.			58-1093701	Not Applicable \$8.75 Additional	
22		27]			5. Certificate of Status Desired	Fee Required	
City & Sta	ale	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	f	8. This corporation has liability for in		
24	25	29	30			Yes No	
	9. Name and Address of Currer	nt Registered Agent		T	10. Name and Address of New Re	gistered Agent	
CT	CORPORATION SYSTEM		81	Name			
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83	<u> </u>			
			B4	B4 City B5 Zip Code			
11 Pursuant	to the provisions of Sections 607 050	12 and 607 1508. Horida Sta	itutes the above	o-named con	peration submits this statement for the p		
office or	registered agent, or both, in the State	e of Horida. Such change wa	as authorized b	v the corpora	ation's board of directors. I hereby accep	of the appointment as registered	
agent. L	am familiar with, and accept the oblig	ations of Section 607.0505,	Florida Statute	S.			
SIGNATURE							
12.	Signature typed or proved name of respect ted agr	er and the Tappicable (* ID DIRL CTORS	131 : Registered Ag	ent signature requ	uirea which reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE		DELETE	1 1 1 1 1 T (F	T	ADDITIONS/CHANGES TO OFFIC	Change Addition	
	SVS	11 1/1/11/11	J			Li Glange Li Addition	
NAME	KIMSEY, JOHN P.		1.2 NAME				
STREET ADDRESS			1.3 STREE	ADDRESS			
CITY - ST - ZIP	NORCROSS, GA 00000		1.4 CHY-				
TITLE	1 00						
) PD	XX DELETE	2.13111.0	j	PD	Change AAAddition	
NAME	LOWE, ROBERT L	₩	2.1 TITLE 2.2 NAME		STEVENS, EDWARD B.	,	
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STREET ADDRESS	LOWE, ROBERT L 3169 HOLCOMB BRIDGE RD	₽⊅ NITEIE	2.2 NAME	ADDRESS	STEVENS, EDWARD B. 3169 HOLCOMB BRIDGE R	,	
	LOWE, ROBERT L 3169 HOLCOMB BRIDGE RD NORCROSS, GA 00000	Detere	2.2 NAME 2.3 STREE	ADDRESS	STEVENS, EDWARD B. 3169 HOLCOMB BRIDGE R	OAD	
STREET ADDRESS CITY-ST-ZIP TITLE	LOWE, ROBERT L 3169 HOLCOMB BRIDGE RD NORCROSS, GA 00000 VPT		2.2 NAME 2.3 STREE 2.4 CHY- 3.1 TITLE	ADDRESS	STEVENS, EDWARD B. 3169 HOLCOMB BRIDGE R	OAD 071	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	LOWE, ROBERT L 3169 HOLCOMB BRIDGE RD NORCROSS, GA 00000 VPT SCHAFFER, DAVID MARK		2.2 NAME 2.3 STREE 2.4 CHY- 3.1 TITLE 3.2 NAME	ADDRESS S1-7IP	STEVENS, EDWARD B. 3169 HOLCOMB BRIDGE R	OAD 071	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	LOWE, ROBERT L 3169 HOLCOMB BRIDGE RD NORCROSS, GA 00000 VPT SCHAFFER, DAVID MARK 3169 HOCOMB BRIDGE RD. NORCROSS GA VP GLOVER, LARRY MICHAEL 3169 HOCOMB BRIDGE RD. NORCROSS GA	EXXXITETE	2.2 NAME 2.3 STREE 2.4 CHY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CHY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CHY- 6.1 THEF 6.2 NAME	ADDRESS S1-7/P LADDRESS S1-7/P ADDRESS S1-7/P LADDRESS S1-7/P	STEVENS, EDWARD B. 3169 HOLCOMB BRIDGE R	OAD O71 Change Addition	
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information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath, the Lam an officer or director of the corporation of 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.

CICNIATURE

100 M 5.1 16

3/3/97 (770) 447-8930