

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

FILED
Mar 14 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 # 846952 (0)			
1. Corporation Name ATLANTA INSURANCE BROKERS, INC.			
Principal Place of Business 3169 HOLCOMB BRIDGE RD. NORCROSS GA 30071		Mailing Address 3169 HOLCOMB BRIDGE RD. NORCROSS GA 30071-1315	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ (NEED Registered Agent signature when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	SVS	<input type="checkbox"/> DELETE	
NAME	KIMSEY, JOHN P.		
STREET ADDRESS	3169 HOLBOMB BRIDGE RD		
CITY-ST-ZIP	NORCROSS, GA 00000		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	LOWE, ROBERT L		
STREET ADDRESS	3169 HOLCOMB BRIDGE RD		
CITY-ST-ZIP	NORCROSS, GA 00000		
TITLE	VPT	<input type="checkbox"/> DELETE	
NAME	SCHAFER, DAVID MARK		
STREET ADDRESS	3169 HOCOMB BRIDGE RD.		
CITY-ST-ZIP	NORCROSS GA		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	
NAME	GLOVER, LARRY MICHAEL		
STREET ADDRESS	3169 HOCOMB BRIDGE RD.		
CITY-ST-ZIP	NORCROSS GA		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	STEVENS, EDWARD B.		
2.3 STREET ADDRESS	3169 HOLCOMB BRIDGE ROAD		
2.4 CITY-ST-ZIP	NORCROSS, GEORGIA 30071		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *John P. Kimsey*

3/3/97 (770) 447-8930

CR2E034 (9/96)