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Feb 18 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 # F93000003777 (0)

1. Corporation Name
CORVETTE GENERAL AGENCY, INC.



Principal Place of Business: **570 COLONIAL PARK DRIVE, SUITE 300 ROSWELL GA 30075**
 Mailing Address: **ATTN: TAX DEPT #1415 P.O. BOX 2450 GRAND RAPIDS MI 49501-2450 US**

3. Date Incorporated or Qualified: **08/17/1993** 3a. Date of Last Report: **02/27/1996**
 4. FEI Number: **31-1368858** 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HANNIGAN, JOHN J	
STREET ADDRESS	5800 BEECH TREE LANE	
CITY - ST - ZIP	CALEDONIA MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WACHTER, RICHARD T	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY - ST - ZIP	CALEDONIA MI 49316	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	YARED, PAUL D	
STREET ADDRESS	5800 BEECH TREE LANE	
CITY - ST - ZIP	CALEDONIA MI 49316	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BOAM, DEBORAH A	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY - ST - ZIP	CALEDONIA MI 49316	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HAINES, KENNETH C	
STREET ADDRESS	5600 BEECH TREE LANE	
CITY - ST - ZIP	CALEDONIA MI	
TITLE		<input type="checkbox"/> DELETE

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	D WOUDSTRA, F. ROBERT
6.3 STREET ADDRESS	5600 BEECH TREE LANE
6.4 CITY - ST - ZIP	CALEDONIA MI 49316

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: **KENNETH C. HAINES - CONTROLLER 01/31/97 (616) 956-3750**
 Date: _____ Day-time Phone #: _____

CR2E034 (9/96)

CORVETTE GENERAL AGENCY, INC.

Additional Officers & Directors

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE</u>
AV	CAVNER, PETER J.	570 COLONIAL PK DR STE 300	ATLANTA GA