


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

FILED

Feb 05 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F93000003777 (0)</b> 1. Corporation Name <b>CORVETTE GENERAL AGENCY, INC.</b>					
Principal Place of Business <b>570 COLONIAL PARK DRIVE, SUITE 300 ROSWELL GA 30075</b>			Mailing Address <b>ATTN: TAX DEPT #1415 P.O. BOX 2450 GRAND RAPIDS MI 49501-450 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>08/17/1993</b>	
				4. FEI Number <b>31-1368858</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			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 <b>FL</b>		
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	5600 BEECH TREE LANE				
CITY-ST-ZIP	CALEDONIA MI				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	WACHTER, RICHARD T				
STREET ADDRESS	5600 BEECH TREE LANE				
CITY-ST-ZIP	CALEDONIA MI				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	YARED, PAUL D				
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	D	<input type="checkbox"/> DELETE			
NAME	WLOUDSTRA, F. ROBERT				
STREET ADDRESS	5600 BEECH TREE LANE				
CITY-ST-ZIP	CALEDONIA MI				
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		<input 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 type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I 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: <b>KENNETH C. HAINES</b> <b>NATURE REQUIRED</b> CONTROLLER 01/23/98 (616) 956-3750					

CR2E034 (10/97)

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
V	RUDER, NORA L.	5600 BEECH TREE LANE	CALEDONIA, MI