

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004487 (2)
1. Corporation Name
MOTOR CARRIERS RISK CONSULTANTS, INC.

Principal Place of Business 333 SANDY SPRINGS CIRCLE ATLANTA GA 30328	Mailing Address 333 SANDY SPRINGS CIRCLE ATLANTA GA 30328
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2. Principal Place of Business 21 2110 Powers Ferry Rd, NW Suite, Apt. #, etc. 22 Suite 302 City & State 23 Atlanta, GA Zip 24 30339	2a. Mailing Address 26 2110 Powers Ferry Rd, NW Suite, Apt. #, etc. 27 Suite 302 City & State 28 Atlanta, GA Zip 29 30339
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3. Name and Address of Current Registered Agent WARD, ELIZABETH 10757 GLEN ELLEN DR. TAMPA FL 33624	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
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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 *Eliza Elizabeth Ward* (Signature, typed or printed 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	PD	1.1 TITLE	Wiley, James R.
NAME	WILEY, JAMES R	1.2 NAME	Wiley, James R.
STREET ADDRESS	333 SANDY SPRINGS CIRCLE	1.3 STREET ADDRESS	2110 Powers Ferry Rd, NW S 302
CITY-ST-ZIP	ATLANTA GA 30328	1.4 CITY-ST-ZIP	Atlanta, GA 30339
TITLE	D	2.1 TITLE	Wiley, Neil P.
NAME	WILEY, NEIL P	2.2 NAME	Wiley, Neil P.
STREET ADDRESS	333 SANDY SPRINGS CIRCLE	2.3 STREET ADDRESS	2110 Powers Ferry Rd, NW S 302
CITY-ST-ZIP	ATLANTA GA 30328	2.4 CITY-ST-ZIP	Atlanta, GA 30339
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Eliza Elizabeth Ward*

FILED
97 SEP 30 AM 10:37
SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/30/1996	3a. Date of Last Report
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (4/97)