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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

I. Corporation STEVE	MENT # P3839 NAME INS & WILKINSON OF GE	` '			 		1		####  ####	
Principal Place	of Business	Mailing Address								
•	REE ST., N.W., SUITE 2400	Ü	100 PEACHTREE ST., N.W., SUITE 2400							
					3. Date Incorporated or 0 04/14/1992	Qualified	1	of Last R	•	
-n '	ace of Business	2a. Mailing Address			4. FEI Number				Applied For	
Suite. Apt.	# etc	Suite, Apt. #, etc.			58-1983539				Not Applicable Additional	
2		27			5. Certificate of Status De	esired			Required	
City & State		City & State	——————		Election Campaign Fin     Trust Fund Contributio	-			0 May Be d to Fees	
Zip	Country	Zıp	Countr	у	8. This corporation has lie	ability for in	ntangible ta	x under s	199.032,	
1	9. Name and Address of Curre	29	30		Florida Statutes		<b>X</b> No	4		
	g, Name and Address of Curre	ent Megistered Agent	8	1 Name	10. Name and Address	OT NEW K	agisterea .	Agent		
C T CO	RPORATION SYSTEM					<del></del>	.,			
	PINE ISLAND RD.,		8:	2 Street Addi	ress (P.O. Box Number is Not	Acceptable	<b>e</b> }			
	TION FL 33324		8:	3						
			84	4 City	<del> </del>			85 Z <sub>1</sub>	o Code	
			, -				FL	.   **   '		
I1 Dureuant I	to the provisions of Sections 607.060	2 and 607 1508 Florida Status	tor the above	-pamed corpo	ration submits this statement 6	or the pure		poinc its r	pointored office	
or register familiar wi	to the provisions of Sections 607.050 ed agent, or both, in the State of Floth, and accept the obligations of, Sec	rida. Such change was authori:	zed by the cor	-named corpo poration's boa	ration submits this statement for ird of directors. I hereby accep	or the purp t the appo	ose of cha	anging its r registered	egistered office Lagent. Lam	
or register familiar wi	ed agent, or both, in the State of Flo th, and accept the obligations of, Ser Signature, typed or printed name of registered age	rida. Such change was authori. ction 607.0505, Florida Statute	zed by the cor s.	-named corpo poration's boa ent signature require	ard of directors. I hereby acceptions are installing:	t the appo	DOSE OF CHA DATE	registered	agent. I am	
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SIGNATURE: M. LOUIS M. LAMAR YOUNG 4-W-96 (404) 522-6888

FRICER OR DIRECTOR

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