


FILE NOW: FILING FEE AFTER MAY 1 IS \$550

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra S. North Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000061882 (2) 1. Corporation Name ATLANTIC INSURANCE ALLIANCE, INC.					
Principal Place of Business 400 CANAL STREET NEW SMYRNA BEACH FL 32168			Mailing Address 400 CANAL STREET NEW SMYRNA BEACH FL 32168-7C		
2. Principal Place of Business 21. 1131 N Dixie Pkwy State, Apt. #, etc. 22. New Smyrna Bch FL City & State 23. 32168 Zip 24. 32168 Country		2a. Mailing Address 25. P O Box 65 Suite, Apt. #, etc. 26. New Smyrna Bch FL City & State 27. 32170 Zip 28. 32170 Country		3. Date Incorporated or Qualified 07/24/1996 3a. Date of Last Report 07/24/1996 4. FEI Number 59-3396999 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent EDWARDS, ANNE M 3967 S CHINOOK LANE ORMOND BEACH FL 32174			10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the agent of 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 provisions of, Section 607.0505, Florida Statutes. SIGNATURE: <i>[Signature]</i> DATE: 4/21/97 (NOTE: Registered agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS 1.1 TITLE D 1.2 NAME EDWARDS, ANNE M 1.3 STREET ADDRESS 3967 S CHINOOK LANE 1.4 CITY-STATE-ZIP ORMOND BEACH FL 32174 1.5 DELETE <input type="checkbox"/> 1.6 TITLE 1.7 NAME 1.8 STREET ADDRESS 1.9 CITY-STATE-ZIP 1.10 DELETE <input type="checkbox"/> 1.11 TITLE 1.12 NAME 1.13 STREET ADDRESS 1.14 CITY-STATE-ZIP 1.15 DELETE <input type="checkbox"/> 1.16 TITLE 1.17 NAME 1.18 STREET ADDRESS 1.19 CITY-STATE-ZIP 1.20 DELETE <input type="checkbox"/> 1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY-STATE-ZIP 1.25 DELETE <input type="checkbox"/> 1.26 TITLE 1.27 NAME 1.28 STREET ADDRESS 1.29 CITY-STATE-ZIP 1.30 DELETE <input type="checkbox"/>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 1.5 DELETE <input type="checkbox"/> 1.6 TITLE 1.7 NAME 1.8 STREET ADDRESS 1.9 CITY-STATE-ZIP 1.10 DELETE <input type="checkbox"/> 1.11 TITLE 1.12 NAME 1.13 STREET ADDRESS 1.14 CITY-STATE-ZIP 1.15 DELETE <input type="checkbox"/> 1.16 TITLE 1.17 NAME 1.18 STREET ADDRESS 1.19 CITY-STATE-ZIP 1.20 DELETE <input type="checkbox"/> 1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY-STATE-ZIP 1.25 DELETE <input type="checkbox"/> 1.26 TITLE 1.27 NAME 1.28 STREET ADDRESS 1.29 CITY-STATE-ZIP 1.30 DELETE <input type="checkbox"/>		
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: 4/21/97 Daytime Phone: 9044271341		



CR2E034 (9/96)