

Thomas F. Panabianco
 Requestor Name
 Post Office Box 378
 Address
 (904)
 Tallahassee, FL 32302 575-1293
 City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Wheeler Insurance Associates, Inc.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

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 97 APR 17 PM 4:41
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

RECEIVED
 97 APR 17 PM 3:13
 ALPMA SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

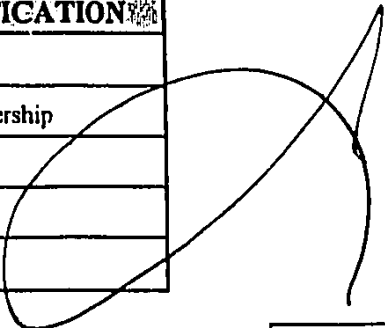
NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials	
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ARTICLES OF INCORPORATION
OF
WHEELER INSURANCE ASSOCIATES, INC.

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TALLAHASSEE FLORIDA

The undersigned incorporator, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I - NAME

The name of this corporation shall be:

WHEELER INSURANCE ASSOCIATES, INC.

ARTICLE II - ADDRESS OF PRINCIPAL OFFICE

The address of the principal office of the corporation is 1020 East Lafayette Street, Tallahassee, Florida 32301.

ARTICLE III - CAPITAL STOCK

The corporation shall be authorized to issue the following classes of stock with the indicated maximum number of shares outstanding at one time:

CLASS	PAR VALUE	AUTHORIZED SHARES
Common	\$.10	5,000

The common shares shall be the only voting shares of the corporation, and a majority of said common shares shall be sufficient to decide any question duly presented for a vote of the stockholders unless a greater percentage shall be required by the laws of the State of Florida.

ARTICLE IV - INITIAL REGISTERED OFFICE AND RESIDENT AGENT

The street address of the initial registered office of the corporation shall be 1020 East Lafayette Street, Suite 204A, Tallahassee, Florida, 32301. The initial registered agent of the corporation at such address shall be DEREK J. WHEELER.

ARTICLE V - INCORPORATOR

The name and address of the incorporator is:

NAME:

Thomas F. Panebianco

ADDRESS:

Post Office Box 938 (32302)
4412 West Pensacola Street (32304)
Tallahassee, Florida


THOMAS F. PANEBIANCO

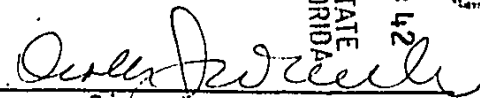
CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the
following is submitted, in compliance with said Act:

First--That Wheeler Insurance Associates, Inc.
(Name of Corporation)
desiring to organize under the laws of the State of Florida
(Florida)
with its principal office, as indicated in the articles of
incorporation at City of Tallahassee County
(City)
of Leon, State of Florida
(County) (State)
has named Derek J. Wheeler,
(Name of Resident Agent)
located at 1020 East Lafayette Street, Suite 204A
(Street address and number of building,
Post Office Box address not acceptable)
City of Tallahassee, County of Leon
(City) (County)
State of Florida, as its agent to accept service of process
within this state.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the
above stated corporation, at place designated in this certificate,
I hereby accept to act in this capacity, and agree to comply
with the provision of said Act relative to keeping open said
office.

By 
Signature
(resident agent)

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