

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000071536 (1)
 1. Corporation Name
AMERICAN STRATEGIC INSURANCE CORP.



Principal Place of Business 204 SOUTH MONROE STREET TALLAHASSEE FL 32301	Mailing Address 204 SOUTH MONROE STREET TALLAHASSEE FL 32301
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1325 Snell Isle Blvd. Suite, Apt. #, etc. 22 Suite 211 City & State 23 St. Petersburg, FL Zip 24 33704		2a. Mailing Address 26 1325 Snell Isle Blvd. Suite, Apt. #, etc. 27 Suite 211 City & State 28 St. Petersburg, FL Zip 29 33704		3. Date Incorporated or Qualified 08/18/1997	
4. FEI Number 59-3459912		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent MEENAN, TIMOTHY J 204 SOUTH MONROE STREET TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	C/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASTEAU, MARC	1.2 NAME	
STREET ADDRESS	151 WEST 88TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10024	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORMAN, JAMES V	2.2 NAME	Bocitto, Bonnie Lynn
STREET ADDRESS	11 GREENWOOD DRIVE	2.3 STREET ADDRESS	20 Horseneck Lane
CITY-ST-ZIP	FREEHOLD NJ 07728	2.4 CITY-ST-ZIP	Greenwich, CT 06830
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINER, JONATHAN	3.2 NAME	Clements, John
STREET ADDRESS	145 HENDRIE AVE	3.3 STREET ADDRESS	20 Horseneck Lane
CITY-ST-ZIP	RIVERSIDE CN 08878	3.4 CITY-ST-ZIP	Greenwich, CT 06830
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERGER, THOMAS J	4.2 NAME	
STREET ADDRESS	10305 81ST COURT NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34688	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUER, JOHN F.	5.2 NAME	
STREET ADDRESS	4801 LANSING ST N.E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33703	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	**Please see attached page for additional changes.	6.2 NAME	Connell, Kenneth Bruce
STREET ADDRESS		6.3 STREET ADDRESS	18 Queen Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hamilton, Bermuda HM11

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 _____ DATE **Jan 15, 1998**

CR2E034 (10/97)

**Attachment To 1998 Annual Report
American Strategic Insurance Corp.**

In addition to the officers/directors listed in blocks 12 and 13 of the Annual Report, the following director is also added to this listing at this time:

TITLE	D
NAME	Tobin, Clive Richard
STREET ADDRESS	18 Queen Street
CITY-ST-ZIP	Hamilton, Bermuda HM11

Thus, there will be a total of seven (7) officers/directors for this corporation at this time.