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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000071536

1. Corporation Name
AMERICAN STRATEGIC INSURANCE CORP.



Principal Place of Business 1325 SNELL ISLE BLVD SUITE 211 ST PETERSBURG FL 33704 US	Mailing Address 1325 SNELL ISLE BLVD SUITE 211 ST PETERSBURG FL 33704 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 08/18/1997	Applied For Not Applicable
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
8. This corporation owes the current year Intangible Personal Property Tax. <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

TITLE	DS	<input type="checkbox"/> DELETE
NAME	BOOCCITTO, BONNIE LYNN	
STREET ADDRESS	20 HORSENECK LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GORMAN, JAMES V	
STREET ADDRESS	11 GREENWOOD DRIVE	
CITY-ST-ZIP	FREEHOLD NJ 07728	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLEMENTS, JOHN	
STREET ADDRESS	20 HORSENECK LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JERGER, THOMAS J	
STREET ADDRESS	10305 61ST COURT NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 34666	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	AUER, JOHN F	
STREET ADDRESS	4801 LANSING ST N.E.	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNELL, KENNETH BRUCE	
STREET ADDRESS	18 QUEEN STREET	
CITY-ST-ZIP	HAMILTON BE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marc Fasteau	
1.3 STREET ADDRESS	151 West 86th Street	
1.4 CITY-ST-ZIP	New York, NY 10024	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Nason	
2.3 STREET ADDRESS	45 Reid Street	
2.4 CITY-ST-ZIP	Hamilton BERMUDA HMEX	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kevin R. Milkey	
3.3 STREET ADDRESS	1666 N. Dakota Ave. NE	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33703	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Frank C. Peck	
4.3 STREET ADDRESS	5263 S. Spyglass Point	
4.4 CITY-ST-ZIP	HOMOSASSA, FL 34448	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Kevin Milkey Kevin Milkey 3/2/99 (727) 821-8765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1998)