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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P24431 (9)

1. Corporation Name
NATIONAL MARINE UNDERWRITERS, INC.



Principal Place of Business
410 SEVERN AVENUE
SUITE 207
ANNAPOLIS MD 21403

Mailing Address
410 SEVERN AVENUE
SUITE 207
ANNAPOLIS MD 21403-2542

3. Date Incorporated or Qualified
05/22/1989

3a. Date of Last Report
04/12/1996

4. FEI Number
52-1337983

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

MCDONALD, DAVID
MCDONALD & MCDONALD
1393 S.W. FIRST STREET, SUITE 200
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *David McDonald* DAVID MCDONALD

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

APR 4/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	BEACHLEY, FRANK	89 OYSTER COVE	GRASONVILLE MD	<input type="checkbox"/>
VTD	ROBINSON, ROBERT	23 UPSHUR	ANNAPOLIS MD	<input type="checkbox"/>
SD	INGLIS, JAY	28 WILLOW	BROOKLYN HEIGHTS NY	<input type="checkbox"/>
AS	COGAR, JACQUELINE A.	528 WINTERSWEET CT	ANNAPOLIS MD	<input type="checkbox"/>
D	HOLT, J. WILLIAM	1100 RAHWAY ROAD	PLANIFIELD NJ	<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-ST-ZIP	Change	Addition
		208 LIGHTHOUSE VIEW DRIVE	STEVENSVILLE, MARYLAND 21666	<input checked="" type="checkbox"/>	<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: *Robert Robinson* ROBERT ROBINSON

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (9/96)