FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **334725** **(9)**

1. Corporation Name

EASTERN UNDERWRITERS, INC.

Principal Place of Business

920 NORTH FLAGLER DRIVE
FORT LAUDERDALE FL 33304

Mailing Address

920 NORTH FLAGLER DRIVE
FORT LAUDERDALE FL 33304

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated For Qualified: **09/09/1968**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **59-1759388** [ ] 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 ability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

SHERWOOD, ALBERT M
920 N FLAGLER DRIVE
FORT LAUDERDALE FL 33304

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 607.0505 and 607.0506, 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

Date

12. OFFICERS AND DIRECTORS

TITLE	S	[ ] DELETE
NAME	SHERWOOD, JANET G	
STREET ADDRESS	3329 INVERRARY BLVD W	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	P	[ ] DELETE
NAME	SHERWOOD, ALBERT M	
STREET ADDRESS	3329 INVERARRY BLVD W	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VP	[ ] DELETE
NAME	DOWDY, THOMAS E.	
STREET ADDRESS	3582 TIMBERLINE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [✓] Addition	
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP	33319	
21 TITLE	[ ] Change [✓] Addition	
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP	33319	
31 TITLE	[ ] Change [✓] Addition	
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP	33405	
41 TITLE	[ ] Change [ ] Addition	
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	[ ] Change [ ] Addition	
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	[ ] Change [ ] Addition	
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing, and documents not specifically for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 is added, in Block 13 with an address.

SIGNATURE: 4-11-96 954-764-6353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Telephone Number

CR2E034 (12/95)