


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 825058 (1)
1. Corporation Name
MARINE OFFICE OF AMERICA CORPORATION

Principal Place of Business
CNA PLAZA
CHICAGO IL 60685

Mailing Address
CNA PLAZA
STATUTORY REPORTING
CHICAGO IL 60685

FILED

97 AUG -4 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1970		3a. Date of Last Report 10/22/1996	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		4. FEI Number 13-2531289		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
CD ROWLEY, THOMAS H. CNA PLAZA CHICAGO IL 60685				-08/08/97--011344-008 *****165.00 *****165.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
P WILSON, JOAN D. ONE CONTINENTAL DRIVE CRANBURY NJ 08570				P Wilson, Joan D. CNA Plaza Chicago, IL 60685			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
SRV JOKIEL, PETER E. CNA PLAZA CHICAGO IL 60685							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
SDV LOWERY, DONALD M. CNA PLAZA CHICAGO IL 60685				VD Kantor, Jonathan D. CNA Plaza Chicago, IL 60685			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
SRV EGAN, PETER J. ONE CONTINENTAL DRIVE CRANBURY NJ 08570				SRV Egan, Peter J. CNA Plaza Chicago, IL 60685			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
AVAS ROHAN, DANIEL J. CNA PLAZA CHICAGO IL 60685				AVAS Pierce, Cathy J. CNA Plaza Chicago, IL 60685			

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: _____ 7/28/97 312-822-4255

CR2E034 (4/97)

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CNA Plaza Chicago IL 60685-0001

July 31, 1997

Florida Department of State
Sandra B. Mortham, Secretary of State
Division of Corporation
Attn: Annual Report Department
Post Office BOX 6327
Tallahassee, FL 32314

Re: 1997 Annual Report and Filing Fee

Dear Ms. Mortham:

Enclosed are the completed Annual Report Form and the required filing fee for the above company.

Continental Solution, Inc.	\$165.00
Marine Office of America Corp.	\$165.00
Western National Warranty Corp.	\$165.00

If you have any questions or concerns, please feel free to contact me.

Very truly yours,

NOTE: We did not receive the original invoice. Per Carol Anderson of Florida Ins. Dept. to pay \$165.00 only per company.

Milagros H. Cruz
Manager
Statutory Reporting - 21S
(312) 822-4650