

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

**FILED**  
**May 09 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION™ ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000001409 (9)**  
 1. Corporation Name  
**MAJESTIC INSURANCE COMPANY**



Principal Place of Business <b>400 2ND ST #350 SAN FRANCISCO CA 94107</b>	Mailing Address <b>400 2ND ST #350 SAN FRANCISCO CA 94107-1402</b>
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3. Date Incorporated or Qualified <b>03/19/1996</b>	3a. Date of Last Report
4. FEI Number <b>95-3653107</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER                  CAPITOL                  TALLAHASSEE FL 32399-0300</b>	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
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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	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN L	1.2 NAME	
STREET ADDRESS	400 2ND ST #350	1.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA 94107	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANOLA, MELVIN H	2.2 NAME	
STREET ADDRESS	400 2ND ST #350	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA 94107	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLINGER, DONALD R	3.2 NAME	
STREET ADDRESS	400 2ND ST #350	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA 94107	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABER, JANICE S	4.2 NAME	
STREET ADDRESS	400 2ND ST #350	4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA 94107	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, VERONICA L	5.2 NAME	
STREET ADDRESS	400 2ND ST #350	5.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA 94107	5.4 CITY - ST - ZIP	
TITLE	DC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDLICH, CHRISTOPHER R SR	6.2 NAME	
STREET ADDRESS	400 2ND ST #350	6.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA 94107	6.4 CITY - ST - ZIP	

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: Veronica L. Mitchell DATE: 4/30/97 DAYTIME PHONE: 415-777-5557

CR2E034 (9/96)