

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 14 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J29178 (7)**

1. Corporation Name  
**AMERICAN OVERSEAS UNDERWRITERS, INC.**

Principal Place of Business	Mailing Address
1353 N.COURTENAY PKWY., STEL SUITE L MERRITT ISLAND FL 32953 US	1353 COURTENAY PARKWAY SUITE L MERRITT ISLAND FL 32953 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/15/1986</b>	3a. Date of Last Report <b>01/19/1994</b>
4. FEI Number <b>58-2726236</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. 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	2a. Mailing Address
21 <b>120 VENETIAN WAY</b> Suite, Apt. #, etc.	25 <b>410 SEVERN AVENUE</b> Suite, Apt. #, etc.
22 <b>SUITE 20</b> City & State	27 <b>SUITE 207</b> City & State
23 <b>MERRITT ISLAND, FL</b> Zip	28 <b>ANNAPOLIS, MD</b> Zip
24 <b>32953</b> Country <b>USA</b>	30 <b>21403</b> Country <b>USA</b>

9. Name and Address of Current Registered Agent

**WILSON, SILVIA D.**  
**1353 NORTH COURTENAY PARKWAY**  
**SUITE L**  
**MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent

81 Name <b>PETER SHAW</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>120 VENETIAN WAY</b>
83 <b>SUITE 20</b>
84 City <b>MERRITT ISLAND</b>
85 State <b>FL</b>
86 Zip Code <b>32953</b>

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: *Peter W. Shaw* **PETER W. SHAW** DATE: **4-10-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>WILSON, ROBERT C.</b>
STREET ADDRESS	<b>1353 N.COURTENAY PKWY.</b>
CITY- ST- ZIP	<b>MERRITT ISLAND FL</b>
TITLE	<b>DST</b>
NAME	<b>WILSON, SILVIA D.</b>
STREET ADDRESS	<b>1353 N.COURTENAY PKWY.</b>
CITY- ST- ZIP	<b>MERRITT ISLAND FL</b>
TITLE	<b>VP</b>
NAME	<b>SHAW, PETER W.</b>
STREET ADDRESS	<b>1353 N COURTENAY PKWY</b>
CITY- ST- ZIP	<b>MERRITT ISLAND FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>BEACHLEY, FRANK</b>	
13 STREET ADDRESS	<b>1001 OYSTER COVE</b>	
14 CITY- ST- ZIP	<b>GRASONVILLE, MD 21638</b>	
21 TITLE	<b>VTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>ROBINSON, ROBERT</b>	
23 STREET ADDRESS	<b>23 UPSHUR</b>	
24 CITY- ST- ZIP	<b>ANNAPOLIS, MD 21403</b>	
31 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>INGLIS, JAY</b>	
33 STREET ADDRESS	<b>333 E. 68TH, APT. 7F</b>	
34 CITY- ST- ZIP	<b>NEW YORK, NY 10021</b>	
41 TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>COGAR, JACQUELINE A.</b>	
43 STREET ADDRESS	<b>526 WINTERSWEET COURT</b>	
44 CITY- ST- ZIP	<b>ANNAPOLIS, MD 21401</b>	
51 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>HOLT, J. WILLIAM</b>	
53 STREET ADDRESS	<b>1100 RA'WAY ROAD</b>	
54 CITY- ST- ZIP	<b>PLAINFIELD, NJ 07060</b>	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Peter W. Shaw* DATE: **4/15/95** **410-268-3100**