FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 06 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 # **L67919** **(5)**

1. Corporation Name
ATLANTIC MARINE INSURANCE SERVICES INC.

Principal Place of Business	Mailing Address
9045 LA FONTANA BLVD. C-5 BOCA RATON FL 33434 US	9045 LA FONTANA BLVD. C-5 BOCA RATON FL 33434-5621 US

3. Date Incorporated or Qualified: 04/25/1990
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business
21 2300 GLADES RD
22 Suite, Apt. #, etc: 135 EAST
23 City & State: BOCA RATON FL
24 Zip: 33431
25 Country: USA

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

4. FEI Number: 65-0200639 ☐ 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

9. Name and Address of Current Registered Agent
~~SCHWARTZ, STEVEN G~~
2300 GLADES ROAD, SUITE ~~400~~ EAST
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name: NANCY G. DEWEY
82 Street Address (P.O. Box Number is Not Acceptable): 2300 GLADES RD #135 EAST
83
84 City: BOCA RATON FL 85 Zip Code: 33431

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: [signature] 4/26/97
Signature of new registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PRESIDENT & DIRECTOR	☐ Change ☐ Addition
NAME	HODNETT, MICHAEL L		1.2 NAME	FELLOWS, COLIN W.A.	
STREET ADDRESS	10330 BUENA VENTURA DRIVE		1.3 STREET ADDRESS	22204 WATERSIDE DRIVE	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	STD	☑ DELETE	2.1 TITLE	VP & SEC'Y	☐ Change ☐ Addition
NAME	SYMONS, SYLVIE T.		2.2 NAME	DEWEY, NANCY G.	
STREET ADDRESS	9045 LA FONTANA BLVD., C-5		2.3 STREET ADDRESS	22204 WATERSIDE DRIVE	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		☐ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME			3.2 NAME	LUND, H.N.	
STREET ADDRESS			3.3 STREET ADDRESS	2300 GLADES ROAD #135E	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		☐ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME			4.2 NAME	SCROPE, SIMON E.	
STREET ADDRESS			4.3 STREET ADDRESS	2300 GLADES RD SUITE 135E	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] 4/26/97 561 392-1323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0319106