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**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24431 (9)

1. Corporation Name
NATIONAL MARINE UNDERWRITERS, INC.



Principal Place of Business 410 SEVERN AVENUE SUITE 207 ANNAPOLIS MD 21403	Mailing Address 410 SEVERN AVENUE SUITE 207 ANNAPOLIS MD 21403-2542
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3. Date Incorporated or Qualified 05/22/1989	3a. Date of Last Report 04/12/1996
4. FEI Number 52-1337983	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	30. Country

9. Name and Address of Current Registered Agent

**MCDONALD, DAVID
MCDONALD & MCDONALD
1393 S.W. FIRST STREET, SUITE 200
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: *David McDonald*, **DAVID MCDONALD** *APR 4/1997*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEACHLEY, FRANK	
STREET ADDRESS	89 OYSTER COVE	
CITY-ST-ZIP	GRASONVILLE MD	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ROBINSON, ROBERT	
STREET ADDRESS	23 UPSHUR	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	INGLIS, JAY	
STREET ADDRESS	28 WILLOW	
CITY-ST-ZIP	BROOKLYN HEIGHTS NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COGAR, JACQUELINE A.	
STREET ADDRESS	528 WINTERSWEET CT	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLT, J. WILLIAM	
STREET ADDRESS	1100 RAHWAY ROAD	
CITY-ST-ZIP	PLANIFIELD NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	208 LIGHTHOUSE VIEW DRIVE
1.4 CITY-ST-ZIP	STEVENSVILLE, MARYLAND 21666
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Robert M. Robinson* **ROBERT M. ROBINSON** *4/9/97*
Signature and typed or printed name of signing officer or director Date **4/9/97** Daytime Phone # **410-268-3100**

CR2E034 (9/96)