

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1989	
21		26		4. FEI Number 52-1337983	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

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
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	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: *David McDonald* (NOTE: Registered Agent signature required when reinstating) DATE: *April 13, 1998*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACHLEY, FRANK	1.2 NAME	
STREET ADDRESS	208 LIGHTHOUSE VIEW DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	STEVENSONVILLE MD	1.4 CITY - ST - ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ROBERT	2.2 NAME	
STREET ADDRESS	23 UPSHUR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ANNAPOLIS MD	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGLIS, JAY	3.2 NAME	
STREET ADDRESS	28 WILLOW	3.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN HEIGHTS NY	3.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGAR, JACQUELINE A.	4.2 NAME	
STREET ADDRESS	526 WINTERSWEET CT	4.3 STREET ADDRESS	
CITY - ST - ZIP	ANNAPOLIS MD	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, J. WILLIAM	5.2 NAME	
STREET ADDRESS	1100 RAHWAY ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	PLANFIELD NJ	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 Robinson* 1/12/98 410-268-3100

CR2034 (10/97)