FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000026833 (0)**

1. Corporation Name

ATLAS SPECIALTY UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
2415 N.W. 31ST STREET BOCA RATON FL 33431	2415 N.W. 31ST STREET BOCA RATON FL 33431

3. Date Incorporated or Qualified: 04/07/1995

3a. Date of Last Report: NONE

2. Principal Place of Business	2a. Mailing Address
21 3511 W. COMMERCIAL BLVD	26 3511 W. COMMERCIAL BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 100	27 SUITE 100
City & State	City & State
23 FT. LAUDERDALE, FL	28 FT. LAUDERDALE, FL.
Zip / Country	Zip / Country
24 33309 / 25 BROWARD	29 33309 / 30 BROWARD

4. FEI Number: 65-0569142 ☐ 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

TARRENCE, DONALD J
2415 N.W. 31ST STREET
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3511 W. COMMERCIAL BLVD.

83 SUITE 100

84 City: FT. LAUDERDALE FL 85 Zip Code: 33309

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: Donald J. Tarrence PRESIDENT DONALD J. TARRENCE 1/19/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Required Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D P	☐ DELETE	1.1 TITLE	PD	☑ Change ☑ Addition
NAME	TARRENCE, DONALD J		1.2 NAME		
STREET ADDRESS	2415 N.W. 31ST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	V	☐ Change ☑ Addition
NAME			2.2 NAME	HILGENRATH WILLIAM S.	
STREET ADDRESS			2.3 STREET ADDRESS	10941 N.W. 16TH COURT	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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 (12/95)

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: Donald J. Tarrence 1/19/96 (954)735-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DONALD J. TARRENCE