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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P9700008225

ROYAL MARINE INSURANCE GROUP, INC.

Principal Place of Business 8300 EXECUTIVE CENTER DRIVE. SUITE 102 MIAMI FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

24

Mailing Address

2a. Mailing Address.

City & State

Suite, Apt. #, etc.

26

27

28 Zin

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8300 EXECUTIVE CENTER DRIVE. SUITE 102 MIAMI FL 33166

FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90007 009 ***150.00

| | DO NOT WRIT | 111 11 111 1 | HIS SPACE |
|----|--|---------------------|-----------------------------------|
| 3. | Date Incorporated or Qualifed 01/22/1997 | | |
| 4. | 'FEr Number | | Applied For |
| | 65-0728843 | | Not Applicable |
| 5. | Certificate of Status Desired | | \$8.75 Additional Fee Required |
| 6. | Election Campaign Financing | | \$5.00 May Be |

Added to Fees

☐ Yes

MILLER, ROBERT D 8300 EXECUTIVE CENTER DRIVE, SUITE 102 MIAMI FL 33166

9. Name and Address of Current Registered Agent

Country

25

| 10. Name and Address of New Registered Agent | | | | | | | | |
|--|--|----|----------|--|--|--|--|--|
| 81 | Name | | | | | | | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | | , | | | | | |
| 83 | | | | | | | | |
| 84 | City | 85 | Zip Code | | | | | |

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

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.

Country

30

| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: I | Registered Agent signature re | quired when reinstating) DATE | | | |
|----------------|--|-------------------------------|---|----------|------------|--|
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | P DELETE | 1.1 TITLE | | Change | Addition | |
| NAME | MILLER, ROBERT D | 12 NAME | | | | |
| STREET ADDRESS | 8300 EXECUTIVE CENTER DRIVE, SUITE 102 | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAM! FL 33166 | 1.4 CITY-ST-ZIP | | | | |
| TITLE | S DELETE | 2.1 TITLE | | Change | Addition | |
| NAME | KNIGHT-MILLER, KAREN | 22 NAME | | | | |
| STREET ADDRESS | 8300 EXECUTIVE CENTER DRIVE, #102 | 2 3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33166 | 2.4 CITY-ST-ZIP | | _, | | |
| TITLE | ☐ DELETE | 3.1 TITLE | | Change | Addition | |
| NAME | | 32 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 | | | | |
| IITLE | ☐ DELETE | 5.1 TITLE | |] Change | Addition | |
| NAME | | 52 NAME | | | | |
| STREET ADDRESS | ì | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | 54 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 | | | | |

14. I hereby certify that the information supplied with this fling 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 fruit tee 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99 (305)477-375

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<u>.</u>.

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July 6, 1999

Division Of Corporations Annual Reports Filing P.O. Box 1500 Tallahassee Fl 32302-1500

RE: DOCUMENT # P97000008225

1999 PROFIT CORPORATION ANNUAL REPORT FOR ROYAL MARINE INSURANCE GROUP

Dear Madam/Sir:

On April 8, 1999 we issued and mailed, as instructed, our check # 4103 for \$150.00. This was in payment of the filing fee for the referenced. Please see copy attached. However, we recently received a "2nd Notice" of delinquency for it.

Following instructions from members of your staff, our investigation shows that the aforementioned check is still outstanding.

We are therefore now enclosing our check # 4539 as its replacement.

Please feel free to contact the undersigned for any questions regarding this correspondence.

We are grateful for your cooperation.

Sincerely,

Al Sotelo

Director and CFO

Enclosures (4)