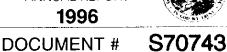
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthum Secretary of State

DIVISION OF CORPORATIONS





BERG-WILLIAMS MARINE INSURANCE CORPORATION

		,									
Principal Place of Business Maling Address											
2206 HOLLY HOLLYWOOS	WOOD BLVD. D FL 33020	2206 HOLLYWOOD BLVD. HOLLYWOOD FL 33020									
								3. Date Incorporated or Qualified 08/05/1991	3a. Dai	e of Last Report 03/31/1995	
2. Principal Plac	e of Business	2a. N	Mailing Address					4. FEI Number	···	Applied For	
21		26						65-0262478		Not Applicable	
Suite, Apt. #,	etc	27	Buite Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		28	Dity & State					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country		° ф	7	Country	 у	w.n	8. This corporation has liability for		tax under s. 199.032,	
24	25	29		30]				. W No		
	g. Name and Address of Curre	nt Registe	tered Agent		<u> </u>			10. Name and Address of New F	Registered	Agent	
					81	1	Name				
MANELLA. ROSS					82	+-	Street Addr	dress (P.O. Box Number is Not Acceptable)			
2206 HOLLYWOOD BLVD.							On cot made	,			
HOLLYWOOD FL 33020						3					
1					84	+	City			85 Zip Code	
					"	1	Oity		F!	L 03 1.15 0.00.00	
or registere	the provisions of Sections 607.050 diagent, or both, in the State of Flo i, and accept the obligations of, Sec	rida Such o	chance was author	ized by	e above , the con	na por	med corpor ation's boa	ation submits this statement for the purid of directors. I hereby accept the app	irpose of c pointment a	hanging its registered office is registered agent. I am	
SIGNATURE	Speak were typical or printed name of map develors.	at an internet		. HE 62.	 . nobeterl A to	1 -	sure Monte Contribution	d when residuing	DATE		
12.	OFFICERS A				13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTORS IN 12	
TITLE	PD		DELETE		1 1 TiTue					Change Addition	
NAME	WILLIAMS, DAVID H.				12 NAME						
STREET ADDRESS	1650 S.W. 23RD TERRAC	Ε			13S'RE	ELA	DOMESS				
CITY-ST-ZIP	FORT LAUDERDALE FL	_			1.4 CHY :	ST	ZIF				
TILE	VST	DELETE			2 1 TITLE					Change Addition	
NAME	BERG. JOEL A.				2.2 NAM5						
STREET ADDRESS	4000 ISLAND BLVD. 1106	ì			23 STREE	rΙΑ	DDRESS				
CITY - ST - ZIP	N. MIAMI BEACH FL				24 OITY	5'	ZiP				
TITLE	D				3.1 HitF					Change Addition	
NAME	BERG, JOEL A.			ı	3.2 NAME	Ē					
STREET ADDRESS	4000 ISLAND BLVD. 1106	}			33 STFE	E1.	ADDRESS				
CITY-ST-ZIP	N. MIAMI BEACH FL				3.4 CITY	-SI	- 20F				
TITLE			DELETE		4.1 Till!					Change Addition	
NAME					4.2 NAME	Ē					

6.4 CITY - ST - ZiP 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 eath; that I am an officer or director of the corporation or the receiver or trusted enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4.0(1) -ST-ZIP

4.4 CiTy - ST - ZiP

5 1 THTEF

5.2 NAME

6 1 TIFLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIF

CITY-S1-ZIP

TITLE

NAME

TITLE NAME

DELETE

[] DELETE

☐ Change

Change

Addition

Add tion

CR2E034 (12/95)