

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 15 1996 8:00 am
Secretary of State

DOCUMENT # **K58087** (3)

1. Corporation Name

FLAGSHIP MARINE INSURANCE AGENCY, INC.



Principal Place of Business

**1800 SE 17 ST., SUITE 308
FT. LAUDERDALE FL 33316**

Mailing Address

**1800 SE 17 ST., SUITE 308
FT. LAUDERDALE FL 33316**

3. Date Incorporated or Qualified
01/06/1989

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

65-0098113

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

**GEHRINGER, CHARLES J.
1800 SOUTH EAST 17TH STREET
STE 308
FT. LAUDERDALE FL 33316**

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, 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

Signature, typed or printed name of registered agent for block 9 above.

Signature, typed or printed name of registered agent for block 10 above.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP GEHRINGER, CHARLES J.**
STREET ADDRESS **1800 SE 17TH STE. #308**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME **D VEITENHAUS, THOMAS J.**
STREET ADDRESS **8000 N. WHITEOAK LN #209**
CITY-ST-ZIP **BAYSIDE WI**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. CITY-ST-ZIP

6. 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 oath; that I am an officer or director of the corporation; or the registered agent or authorized person to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of registered agent is being made.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-115-96

Daytime Phone #

CR2E034 (12/95)