FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 7:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M02554** **(7)**

1. Corporation Name

INTERNATIONAL MARINE, PROPERTY AND CASUALTY SPECIALISTS, INC.

Principal Place of Business	Mailing Address
2130 NE 25TH CT P.O. BOX 1498, HALLANDAL, FL 33009 MIAMI FL 33180	2130 NE 25TH CT P.O. BOX 1498, HALLANDAL, FL 33009 MIAMI FL 33180-1498 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/06/1984**
3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 442 Peterson ST	26 PO Box 780447
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 SEBASTIAN, FL.	28 Sebastian, FL.
24 Zip 32958 25 County Indian River	29 Zip 32978 30 County Indian River

4. FEI Number: **59-2442645** ☐ 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	10. Name and Address of New Registered Agent
WRIGHT, GREGORY J. 10580 NW 27TH ST. BLDG. F MIAMI FL 33172	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when new/altered

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	CD GIORDAN, Lillian	☒ Change ☐ Addition
NAME	GIRODAN, LILLIAN	12 NAME		
STREET ADDRESS	21301 N.E. 25TH CT.	13 STREET ADDRESS	442 Peterson ST	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Sebastian FL 32958	
TITLE	PD	21 TITLE	PD Giordan Barney P.	☒ Change ☐ Addition
NAME	GIORDAN, BARNEY P.	22 NAME		
STREET ADDRESS	21301 N.E. 25TH CT.	23 STREET ADDRESS	442 Peterson ST	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, GREGORY J.	32 NAME		
STREET ADDRESS	10580 NW 27TH ST. BLDG F	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	GIORDAN, TRAVIS	42 NAME		
STREET ADDRESS	2621 NE 209TH ST	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Barney P Giordan BARNEY P GIORDAN 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 407-358-3464

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