

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

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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K90350 (5)

1. Corporation Name
ASHLEY INSURANCE & MARINE SERVICES, INC.

Principal Place of Business
11440 OKEECHOBEE ROAD
SUITE 101
ROYAL PALM BEACH FL 33411
US

Mailing Address
11440 OKEECHOBEE ROAD
SUITE 101
ROYAL PALM BEACH FL 33411-8707
US



3. Date Incorporated or Qualified 05/24/1989
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0119522		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

JANET L. ASHLEY
11440 OKEECHOBEE ROAD,
SUITE 101
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: *Janet L. Ashley, Pres. & Director* JANET L. ASHLEY, PRES. 4/14/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASHLEY, JANET LUCY <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3446 B ROAD	1.2 NAME	
STREET ADDRESS	LOXAHATCHEE FL	1.3 STREET ADDRESS	11360 AVERY RD.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PAIM BEACH GARDENS, FL 33410
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	VST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINE A. LAHTI	2.2 NAME	
STREET ADDRESS	9171 HIGHLAND PINES BLVD	2.3 STREET ADDRESS	3749 PARK LAKE VILLAS RD.
CITY-ST-ZIP	PAIM BEACH GARDENS FL	2.4 CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ZEIMER R. ASHLEY
STREET ADDRESS		3.3 STREET ADDRESS	11360 AVERY RD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PAIM BEACH GARDENS, FL 33410
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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: *Janet L. Ashley, Pres. & Dir.* JANET L. ASHLEY, PRES. & DIR. 4/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (202) 785-1259

CR2E034 (9/96)