

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

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 US
--	--



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/24/1989	
4. FEI Number 65-0119522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country		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	
--	--	---	--	--	--

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

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASHLEY, JANET LUCY 11360 AVERY RD PALM BCH GARDENS FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTST LATHI, CHRISTINE A. 3749 PK LN VILLAS RD LAKE PARK FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHLEY, ZELMER R. 11360 AVER RD PALM BCH GARDENS FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 appointment with an address.

SIGNATURE: *Janet L. Ashley* **JANET L. ASHLEY, PRES.** 2/16/98 (36) 795-1759

CR2E034 (10/97)