

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # L67919 (5)

1. Corporation Name

ATLANTIC MARINE INSURANCE SERVICES INC.



Principal Place of Business

9045 LA FONTANA BLVD.
C-5
BOCA RATON FL 33434
US

Mailing Address

9045 LA FONTANA BLVD.
C-5
BOCA RATON FL 33434
US

2. Principal Place of Business

2a. Mailing Address

21. State, Apt., Bldg., etc.
22. City & State
23. Zip
24. Country

26. State, Apt., Bldg., etc.
27. City & State
28. Zip
29. Country

3. Date Incorporated or Qualified

04/25/1990

3a. Date of Last Report

05/19/1995

4. FFI Number

65-0200639

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

HODNETT, MICHAEL L
10330 BUENA VENTURA DRIVE
BOCA RATON FL 33498

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 607.1503, 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 607.0504, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent

DATE

12. OFFICERS AND DIRECTORS

1. NAME
PD
HODNETT, MICHAEL L
2. STREET ADDRESS
10330 BUENA VENTURA DRIVE
3. CITY, ST, ZIP
BOCA RATON FL
4. NAME
STD
SYMONS, SYLVIE T.
5. STREET ADDRESS
FANSHAW M. 507
6. CITY, ST, ZIP
BOCA RATON FL
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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 included in 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 of this report.

SIGNATURE:

Sylvie T. Symons

Sylvie T. Symons

1/18/96 (407) 852-8599

SIGNATURE AND TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)