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PROPIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

M02554

(7)

INTERNATIONAL MARINE, PROPERTY AND CASUALTY SPEC IALISTS, INC.

Principa' Place of Business 442 PETERSON ST. P.O. BOX 1498. HALLANDAL: FL:-83000 SEBASTIAN FL 32958 Mailing Address

P.O. BOX 780447 P.O. BOX 1498, HALLANDAL, FL. 33008 SEBASTIAN FL 32978



3a. Date of Last Report

3. Date Incorporated or Qualified

					07/00/1804	V	ו נו טעס	330
2. Principal Pla: 21 44)	ce of Ausiness 1 Citeus on ST	2a. Mailing Address	F180	0417	4. FEI Number 59-2442645	_•	Ė	Applied For Not Applicable
Suite, Apt. #		Suite. Apt. #, etc.			5. Certificate of Status Desired		-	75 Additional e Required
City & State	eslian, Fl.	City & State	11200	, T-1.	Election Campaign Financing Trust Fund Contribution		\$5.	00 May Be ded to Fees
Zipi	Country O	29 35.978 3	Country	10	8. This corporation has liability for	intangible t		
4 3295	8 25 Molan 161 vci	29 32918 3	0 1491	on Miva	I	. □No		
Name and Address of Current Registered Agent				Name	10. Name and Address of New F	Registered	Agent	
WRIGHT, GREGORY J. 10580 NW 27TH ST. BLDG. F MIAMI FL 33172				IName				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				B3				
IMPAINT 1 F	. 00172		84	City		FL	85	Zip Code
or registere	the provisions of Sections 607.0502 ard agent, or both, in the State of Florida. I, and accept the obligations of, Section	Such change was authorized b	the above- by the com	named corpora oration's board	ation submits this statement for the purific directors. I hereby accept the app	rpose of chointment as	anging it: register	s registered office ed agent. I am
SIGNATURE	gention it types or product name of registered agent and		legistered Age	it signature required	when renstation)	DATE		
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFF		DIRECT	IORS IN 12
THLE	CD	☐ DELETE	1 1 TITLE				Chang	e 🔲 Addition
NAM)	GIRODAN, LILLIAN		1.2 NAME					
STREET ADDRESS	442 PETERSON ST.		1.3 STREET	ADDRESS				
CITY ST ZIF	SEBASTIAN FL	N	1.4 CITY - S	ST - 21P				
TITLE	PD	☐ DELETE	2 1 TITLE			[Chang	e 🔲 Addition
NAML	GIORDAN, BARNEY P.		22 NAME					
STREET ADDRESS	442 PETERSON ST.		2 3 STREET	ADDRESS				
CITY ST-7IP	SEBASTIAN FL D	[□] DELETE	24 CITY - S	SI-ZIP		·	-	. .
TITLE NAME	WRIGHT, GREGORY J.		3 1 TITLE	Ì		L	Chang	e 🔲 Addition
STHEET ADDRESS	10580 NW 27TH ST. BLDG F		3.2 NAME	F 1000C00				
CHY-SI-ZIP	MIAMI FL		3 3. STREE 3 4 CITY - S					
10.f	VD	DELETE	4 1 TITLE	51 - 41F		: <u>-</u>	Change	e
NAME	GIORDAN, TRAVIS	-	4.2 NAME					
STREET ADDRESS	2621 NE 209TH ST		4.3 STREET	ADDRESS				
CITY+ST-ZIP	MIAMI FL		4.4 CHTY - S					
TITLE		☐ DELETE	5 1 TITLE				Change	e 🔲 Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET	ADDRESS				
CITY ST 7P			5 4 CITY - S	IT-ZIP				-
TITLE		☐ DELETE	6 1 TITLE			1	Change	B Addition
NAME			6 2 NAME					
STREET ADDRESS			6 3 STREET	ADDRESS				
OITY-Si-ZiP	and 4. About the information of the Post	Alio films in colombodic for the	6 4 CITY - 5			67/0/41 5	alata Orio	
I do hereby	cert fy that the information supplied with	 trus filing is voluntarily furnishe 	ed and doe	s not qualify for	r the exemption stated in Section 119	.07(3)(k), Flo	rida Stat	tutes. I further

4. To hereby early that the information supplied with this ling is voluntarily turnished 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:

AMUST JUNGS BOYN

Barnon P. GIDPDAN 3/1/96 401-388-344

R2E034 (12/95)