

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P26183 (4)

1. Corporation Name

INTERMARE AGENCY SERVICES, INC.



Principal Place of Business

100 ALPHA DRIVE, SUITE 118
DESTREHAN LA 70047-9425

Mailing Address

100 ALPHA DRIVE, SUITE 118
DESTREHAN LA 70047-9425

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/26/1989

3a. Date of Last Report

07/07/1995

4. FEI Number

72-0910492

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

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., SUITE 105
TALLAHASSEE FL 32301

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 607.150A, 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

Signature typed or printed name of registered agent or officer/director

Date typed or printed name of registered agent or officer/director

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PTD
LEECH, STEPHEN F.
100 ALPHA DRIVE
DESTREHAN LA

☐ DELETE

VPD
HINKEL, JEAN-DENIS
8300 NORMAN DR., SUITE 1180
MINNEAPOLIS MN 55437

☐ DELETE

SD
KAHN, ANTHONY C.
200 PARK AVE.
NEW YORK NY

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE 12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE 22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE 32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE 42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE 52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE 62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/96

504-764-1105

Date

Daytime Phone #

CR2E034 (12/95)